

CITY ICE PAVILION FALL BRIDGE PROGRAM REGISTRATION FORM

Semester three starts March 5th

Students must be evaluated before registering for Bridge program. Contact Elise Gallagher to schedule an evaluation. Email egallagher@cityicepavilion.com or Phone: 718.706.6667

First _____ Last _____ Phone: (_____) _____ - _____

Address _____ City _____ Apt _____ State _____ Zip _____

Birthdate ____/____/____ Gender: ____ M ____ F Email _____

Parent/Guardian name _____ Emergency Phone _____

How did you hear about us? ____ Friend ____ Newspaper ____ TV ____ Website Please specify: _____

Please select the class you are registering for:

<p>Bridge- Low</p> <p>Highest level Passed: _____</p>	<p>____ Friday 4:00 pm</p> <p>____ Saturday 9:45 am</p> <p>____ Sunday 9:45 am</p>	<p>Bridge- Freestyle</p> <p>Highest level Passed: _____</p>	<p>____ Sunday 9:45 am</p>		
<p>Bridge- High</p> <p>Highest level Passed: _____</p>	<p>____ Saturday 9:45 am</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <p>BRIDGE PROGRAM Eight-week program fee: \$330</p> </td> </tr> <tr> <td style="text-align: center;"> <p>TOTAL BRIDGE AMOUNT \$ _____</p> </td> </tr> </table>		<p>BRIDGE PROGRAM Eight-week program fee: \$330</p>	<p>TOTAL BRIDGE AMOUNT \$ _____</p>
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Circle Payment: Credit Card Cash Check # _____ MC Visa Discover Amex

Credit Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____ Date ____/____/____

BEFORE A CHILD CAN PARTICIPATE IN A CITY ICE PAVILION PROGRAM, THIS RELEASE MUST BE SIGNED BY THE PARTICIPANT'S PARENT/GUARDIAN. CITY ICE PAVILION – SKATE AT YOUR OWN RISK – NO REFUNDS OR EXCHANGES – NOT TRANSFERABLE WARNING

All participants/parents/guardians/spectators/visitors understand and agree to voluntarily assume all inherent risks related to Programming participation or visiting the facility/grounds of City Ice Pavilion including changing conditions of the ice surface/ facility/grounds, collisions/slips/falls, lost/stolen/damaged property, etc. that may result in injury or death. City Ice Pavilion, its owners, employees and vendors shall not be responsible or liable for any claims whatsoever. City Ice Pavilion has the right to use all photographs or videos for advertising and/or promotional and marketing purposes.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. READ CAREFULLY. BY SIGNING THIS, YOU MAY GIVE UP LEGAL RIGHTS

Parent/Guardian Signature _____ Date ____/____/____

Please fax, email or mail your registration form with payment to:

City Ice Pavilion
ATTN: Elise Gallagher
 Email: admin@cityicepavilion.com
 Fax: (718) 706-6670
 Mail: 47-32 32nd Place, Long Island City, NY 11101

Semester three class dates:

FRIDAY: March 5, 12, 19, 26, April 9, 16, 23, 30 (NO CLASS APRIL 2ND)

SATURDAY: March 6, 13, 20, 27, April 10, 17, 24, May 1 (NO CLASS APRIL 3RD)

SUNDAY: March 7, 14, 21, 28, April 11, 18, 25, May 2. (NO CLASS APRIL 4TH)

