

SEMESTER FIVE SKATING SCHOOL

WEEKDAYS ~ Starts May 10th

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

Address _____ Apt _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Gender: ___M___ ___F___ Email _____

Parent/Guardian name _____ Emergency Phone _____

Please select the class you are registering for:

Snowplow Sam 1-3 AGES 3 - 5 Level _____	____ Monday 4:00 pm	Basic 1 AGES 6 - 16	____ Monday 4:00 pm
	____ Wednesday 4:00 pm		____ Wednesday 4:00 pm
	____ Friday 4:30 pm		____ Friday 5:00 pm
Basic 2 AGES 6 - 16	____ Monday 4:30 pm	Basic 3 AGES 6 - 16	____ Friday 5:00 pm
	____ Wednesday 4:30 pm		

Program fee: \$100 for 4-week semester

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

*All applicants must register and pay tuition in advance.

***Effective May 1st, 2010 - We do not offer refunds, credits, make-up classes or prorated tuition.**

Parent/Guardian Signature _____ Date ____/____/____

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

City Ice Pavilion

ATTN: Elise Gallagher

Email: admin@cityicepavilion.com

Fax: (718) 706-6670

Phone: (718) 706-6667

Mail: 47-32 32nd Place, Long Island City, NY 11101

WEEKDAY CLASS DATES:

MONDAY: **May 10,** 17, 24, June 7 (NO CLASS MAY 31st)

WEDNESDAY: **May 19,** 26, June 2, 9

FRIDAY: **June 11,** 18, 25, JULY 9 (NO CLASS JULY 2ND)