

SEMESTER FIVE SKATING SCHOOL

WEEKENDS ~ Starts June 12th

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 Level 1-3 AGES 3 - 5 Level _____	Saturday 10:30 am	Basic 1 and 2 AGES 6 - 16 Level _____	Saturday 11:00 am
	Sunday 10:30 am		Sunday 11:00 am
Basic 3 AGES 6 - 16	Saturday 11:00 am	Basic 4-6 AGES 6 - 16	Saturday 11:30 am
	Sunday 11:00 am		Sunday 11:30 am
		Adult 1 Adult 2 (Saturday only) Level _____	Saturday 11:30 am
			Sunday 11:30 am

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

WEEKEND CLASS DATES:

SATURDAY: **June 12, 19, 26, July 10**
(NO CLASS JULY 3RD)

SUNDAY: **June 20, 27, July 11, 18**
(NO CLASS JULY 4TH)