

Winter 2009
Session



Class Time Requested _____ Level _____

Student Name _____

Mailing Address _____

City _____ zip _____

Phone _____ birthday _____ age _____

Emergency Contact Information Please list ALL parents/guardians and one adult authorized to take responsibility for the student. If the student is an adult, please list anyone we can contact in case of an emergency.

Mom's Name _____ phone _____

Dad's Name _____ phone _____

Other Adult _____ phone _____

Please read carefully and sign:

In consideration of using the related skating facilities for activities associated with ice skating, I hereby agree with Bladez on Ice including, but not limited to, the owners, agents, employees and any persons engaged as administrators of this Skating Program, to indemnify and hold harmless each and everyone of the above mentioned from and against all claims, liability, loss, damage and any expenses which arise out of, or in connection with my use of said facilities. I also agree to pay for any property damages through accidental mishaps or my negligence.

I also understand that all fees involved are non-refundable and that lessons paid for do not carry over into the next session.

Signature of Parent/Guardian if under 18

Would you like to receive emails regarding our skating programs? _____
email address

Office use only

Class time _____ class day _____ level _____ instructor _____

usfsa # _____ enrollment # _____