



4 week "Introduction to Skating"

Mini Semester

Registration Form

Skater's Name: _____

Parent's name: _____

Date of Birth: _____ Age: _____ Email: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____ Work: _____

Emergency Contact: _____ Phone: _____

Relation to Skater: _____

Class Day/Time: Saturday 12:45pm-1:45pm \$109

PLEASE READ AND INITIAL BELOW

____ SORRY.. THERE ARE NO REFUNDS.

____ THE 4 WEEK "INTRODUCTION TO SKATING" MINI SEMESTER MAY NOT BE REPEATED.

____ ONE MAKE-UP CLASS ALLOWED DURING THE WEDNESDAY 5:30-6:15pm LEARN TO SKATE CLASS.

____ THE SKATER MUST BE AT LEAST 3 YEARS OLD. HELMET MUST BE WORN FOR AGES 6 YRS AND UNDER.

____ ALL SKATERS MUST WEAR GLOVES.

____ SKATE RENTAL INCLUDED FOR ALL 4 CLASSES. SMALLEST RENTAL SKATE IS TODDLER 9. NO REFUNDS GIVEN FOR SKATES NOT FITTING.

____ CLASS SIZES MAY RANGE FROM 2-16 SKATERS PER INSTRUCTOR.

____ FREE PUBLIC SKATING ON ANY SATURDAY PUBLIC SESSION WITH GROUP CARD.

FOR OFFICE USE ONLY

Class Start Date: _____ Today's Date: _____ Gloves given: _____ Employee Initials: _____

Payment: _____ Circle: C.C. CASH CHECK Last 4 digits on C.C. _____

****SIGNATURE REQUIRED ON BACK****

ASSUMPTIONS AND ACKNOWLEDGEMENT OF RISKS

AND

RELEASE OF LIABILITY AGREEMENT

IN CONSIDERATION OF BEING INSTRUCTED AND/OR COACHED FOR ICE SKATING IN ANY WAY BY FLORIDA ICE ARENA, INC., ALONG WITH ANY RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. THE ACTIVITIES INVOLVED IN THIS PROGRAM HAVE A SIGNIFICANT RISK OF INJURY, INCLUDING PERMANENT PARALYSIS AND EVEN DEATH.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.
3. I WILLINGLY AGREE TO COMPLY WITH THE STATED CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION; HOWEVER, IF I OBSERVE ANY UNUSUAL OR SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL IMMEDIATELY NOTIFY THE NEAREST OFFICIAL OF ANY SUCH HAZARD.
4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS PERSONAL REPRESENTATION, AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS FLORIDA ICE ARENA, INC., IT'S OFFICERS, OFFICIALS, AGENTS, OR EMPLOYEES, OTHER PARTICIPANTS SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LEASORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OF DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
Student's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION.

THIS IS TO CERTIFY THAT I, AS A PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY, DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES TO THE FULLEST EXTENT PERMITTED BY LAW.

X _____
PARENTS/GUARDIAN SIGNATURE

EMERGENCY PHONE NUMBER