



PINES ICE ARENA

2021 SUMMER BREAK SKATING CAMP

12425 Taft Street Pembroke Pines, FL 33028 (T) 954-704-8700 (F) 954-374-8168 www.PinesIce.com

Skater's Name: _____ Birth Date: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone Number: _____

Is skater currently enrolled in Group Classes? YES NO If YES, current level: _____

Does skater have a Private Lesson Coach? YES NO If YES, current coach: _____

ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT

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 acknowledge and agrees that:

- The activities involved in this program have a significant risk of injury including permanent paralysis and even death.
- I knowingly and freely assume all risks, both known and unknown even if arising from negligence of the releases or others and I assume full responsibility for my participation.
- I willingly agree to comply with the state customary terms and conditions for the participant; 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.
- I for myself and on my behalf of my heirs, assigns, personal representatives and next of kin, hereby release indemnify and hold harmless Florida Ice Arena Inc., its officers, officials, agents and/or employees, other participants, sponsoring, agencies, sponsor, advertisers and if applicable owners and lessors of premises used to conduct the event ("Releases") with respect to any and all injury, disability, death or loss of damage to a person or property whether arising from the negligence of the releasers 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 freely and voluntarily without any inducements.

Student: _____ Age: _____ Date: _____

For parents/guardians of participants under age 18 at time of registration: This is to certify that I as a parent/guardian with legal responsibility, so consent and agree to his/her release provided above of all the releases and for myself, my heirs, assign and next of kin. I release and agree to indemnify and hold harmless the release from any kind of liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases to the fullest permitted by law.

Parent/Guardian Signature _____

Emergency Phone # _____

Sorry, No Credits or Refunds for missed days. Please initial: _____

Full Day Week \$325 first week & \$299 additional week / Half Day Week \$300 first week & \$275 additional week / FD \$80 / HD \$70 / Aftercare \$10 prepaid or \$15 day of

Full Week Summer Break Sessions

Weeks:	6/14 - 6/18 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	6/21 - 6/25 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	6/28 - 7/2 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	7/5 - 7/9 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	7/12 - 7/16 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>
Payment Info (Office Only - Staple receipt to form)					
Amount:					
Date:					

Full Week Summer Break Sessions

Weeks:	7/19 - 7/23 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	7/26 - 7/30 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	8/2 - 8/6 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	8/9 - 8/13 <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	
Payment Info (Office Only - Staple receipt to form)					
Amount:					
Date:					

Individual Days

Individual Day:	____ <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	____ <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	____ <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	____ <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>	____ <input type="checkbox"/> Full <input type="checkbox"/> or Half <input type="checkbox"/> Aftercare <input type="checkbox"/>
Payment Info (Office Only - Staple receipt to form)					
Amount:					
Date:					

Notes:

