

Pines Penguins

Acceleration Program for Beginning Skaters (12yrs and younger)

Registration Form

Skater's Name: _		
Parent's name:		
Date of Birth:	Age:	Email:
Address:		City:
Zip Code:	Phone:	Work:
Emergency Conta	act:	Phone:
Relation to Skater	r:	
	Class D	ay/Time: Saturday @ 9:15am-10:00am \$199
		PLEASE READ AND INITIAL BELOW
THERE A	ARE ABSOLUTELY NO REFUNDS.	
ALL SKA	ATERS ARE REQUIRED TO WEAR GL	OVES DURING THEIR CLASS.
SWEATS	HIRTS GIVEN TO FIRST TIME REGIS	TRANTS ONLY. PLEASE WEAR YOUR SWEATSHIRT TO CLASS.
REPLAC	EMENT SWEASTSHIRTS ARE \$15.	
SKATER	S MUST BE BETWEEN THE AGES OF	3YRS. & 12 YRS. SKATERS AGES 5 AND UNDER MUST WEAR A HELMET.
		OWED PER PENGUIN SEMESTER. MAKE-UP CLASSES WILL BE ALLOWED DURING AN Sat. 12:15-1:00pm Sun. 12:15-1:00pm)
ONCE CI	LASS CARD IS EXPIRED THE MISSEL	CLASSES ARE VOID.
THERE IS	S A \$2. FEE FOR LOST OR STOLEN C.	ARDS. ALL PRIOR WEEKS WILL BE FORFEITED.
SKATE R	RENTAL IS INCLUDED IN THE 8-WEE	K SEMESTER.
SMALLE	ST RENTAL SKATE SIZE AVAILABL	E IS TODDLER 9. THERE ARE NO REFUNDS FOR SKATES NOT FITTING
CLASS S	IZES RANGE FROM 2-16 SKATERS P	ER INSTRUCTOR.
FREE PU	BLIC SKATING ON ANY SATURDAY	PUBLIC SESSION WITH GROUP CLASS CARD.
		FOR OFFICE USE ONLY
Class Start Date:	Today's Date:	Employee Initials:

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

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 I	LIABILITY A	AND ASSUMPTION OF RISK AGREEMENT. I FUL	ĹŊ
UNDERSTAND ITS TERMS, I UNDERSTAND	THAT I HAV	VE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING	IJ
AND I SIGN IT FREELY AND VOLUNTARILY	Y WITHOUT A	ANY INDUCEMENT.	
X	Age:	Date Signed:	
Student Signature		-	
FOR PARENTS/GUARDIANS OF PARTICIPAL	NTS UNDER T	THE AGE OF 18 AT TIME OF REGISTRATION.	
THIS IS TO CERTIFY THAT I, AS A PARENT/GU	ARDIAN WITH	H LEGAL RESPONSIBILITY, DO CONSENT AND AGREE	T(
HIS/HER RELEASE AS PROVIDED ABOVE OF AL	LL THE RELEA	ASEES, AND FOR MYSELF, MY HEIRS, ASSIGNS, AND NE	ΧT
OF KIN, I RELEASE AND AGREE TO INDEM	NIFY AND HO	OLD HARMLESS THE RELEASEES FROM ANY AND A	LI
LIABILITIES INCIDENT TO MY MINOR CHIL	LD'S INVOLVI	EMENT OR PARTICIPATION IN THESE PROGRAMS	AS
	THE NEGLIG	GENCE OF THE RELEASEES TO THE FULLEST EXTE	N'
PERMITTED BY LAW.			
X			
PARENTS/GUARDIAN SIGNATURE	EME	ERGENCY PHONE NUMBER	