



3 week "Introduction to Skating" 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: _____

Please Initial EACH of the following arena rules:

_____ The 3 week "Introduction to Skating" class may NOT be repeated.

_____ There are NO make-up classes.

_____ The skater must be at least 3 years old.

_____ 5 years and younger must wear a helmet.

_____ ALL skaters must wear gloves.

_____ Sorry.. There are NO refunds.

FOR OFFICE USE ONLY

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

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

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