

Please fill out a separate form for each child.
Thank you



Alice Noble Ice Arena - Learn to Skate Registration - Session III- Jan 7 thru Feb 18, 2012

851 Oldman Rd, Wooster, OH 44691 Phone: 330-345-8686 Fax: 330-345-5014

Website: www.nobleice.com Email: crohe@nobleice.com

Skater's Name _____ M ___ F ___ Birthday _____

Mailing Address (street, city, state, zip) _____

School Attending _____ Grade (Fall 2011) _____

Mother's Name _____ Email _____

Home Phone _____ Cell Phone _____

Father's Name _____ Email _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Please circle class level and day: Session III - Jan 7 thru Feb 18, 2012

<u>Mon 5-6 pm</u>	<u>Tues 5-6pm</u>	<u>Wed 5-6 pm</u>	<u>Sat 10:20-11:20 am</u>
Snow Plow 1 2 3	Snow Plow 1 2 3	Snow Plow 1 2 3	Snow Plow 1 2 3
Basic 1 2 3 4 5 6 7 8	Basic 1 2	Basic 1 2 3 4 5 6 7 8	Basic 1 2 3 4 5 6 7 8
Hockey 1 2 3 4	Hockey 1 2 3 4	Hockey 1 2 3 4	Hockey 1 2 3 4
Adult 1 2 3 4		Adult 1 2 3 4	Adult 1 2 3 4
		Synchro 1 2 3 4	

\$66.00 full 1 hr classes - all levels
 \$42.00 1/2 hr classes (opt practice ice \$4 class) - optional *Snow Plow Sam level only*
 (must be Basic 4 or higher)

Subtotal \$ _____ - any discounts _____ = Total \$ _____

*Method of Payment: Cash ___ Check # _____ Credit ___ ANIA Gift Card ___

Credit Card Information - Type of Card: MasterCard ___ Visa ___ Discover ___ Checks payable to: Alice Noble Ice Arena (ANIA)

Cardholder Name	Verification Code
Card #	Expiration Date

Waiver

In consideration of being allowed to participate in any way in Alice Noble Ice Arena (ANIA) Programs, related events and activities, the undersigned acknowledges, understands and agrees that::

- The risks of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules equipment and personal discipline may reduce the risk, the risk of injury does exist and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS INHERENT TO THIS AND ALL RELATED ACTIVITIES AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.
- I willingly agree to comply with the stated and customary terms and conditions for participation.
- If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest instructor immediately.
- I, for myself and on behalf of heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ALICE NOBLE ICE ARENA (ANIA), their officers, instructors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event ("Releasees"), WITH REPSPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property.
- I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.
- For Participants of Minority Age (under age 18 upon registering) This is to certify that I, as parent/guardian with legal responsibility for this participant, 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 do also release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT AUTHORIZATION FORM (If Legal Guardian(s), please indicate status.)

Parental permission or power of the guardian is required in hospitals for the following: X-rays and treatment following diagnosis, treatment of all injuries requiring sutures, dressings, medications and surgery. If the parents cannot be contacted, please call Emergency Contact: _____

Phone: _____

Parent/Guardian Signature _____ Date _____

Participant's Name _____ Phone _____

Please list any disabilities, allergies, and/or participation restrictions. _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____