

Learn to Skate Registration Form

Summer Camp Registration Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Ice Skating Experience: _____

Age: _____ Gender: _____

Parents' Name: _____

Mobile Phone: () _____ Work Phone: () _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Payment Information and Waiver

Payment Method and Amount: _____ Payment Date: _____

Requested Session(s): **Session 1: 6/2 – 6/6** **Session II: 6/9-6/13** **Session III: 7/7-7/11** **Session IV: 7/14-7/18**
Session V: 7/28-8/1 **Lunch Program: Yes or No (\$25 additional charge)**

Refund Policy: *A \$10 fee will be charged for each refund. A fee of \$25 or 25% (whichever is less) will be charged if requested less than 5 business days before the first day of class. A fee of 50% will be charged if requested before the second class date. No refunds will be accepted after the second class.*

Waiver of Liability: *In consideration of the privilege of using the Marietta Ice Center and understanding the inherent risks in connection with this activity, I hereby assume these risks for myself and my minor children for the above registered classes. I waive any possible claim that may arise against the Marietta Ice Center and its employees for any damages and/or injuries sustained in the course of the activity and I agree to indemnify and hold harmless and not to assert a claim against or sue the Marietta Ice Center or its employees for any damages and/or injuries and for any and all other claims which may arise in connection with my (our) use of the facility or programs.*

Signature of Parent or Legal Guardian: _____