

The Marietta Ice Center
4880 Lower Roswell Road
Marietta, GA 30068



Phone: 770 509-5067
Fax: 770 509-5068
www.themicice.com

REGISTRATION FORM

Personal Information

Last name: _____ First name: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Parents' name: _____ E-mail: _____

Home phone: _____ Cell phone: _____

Age: _____ Birth date: _____ Gender: _____

Ice skating experience (please circle the last level finished):

No experience Snowplow Sam Basic 1 Basic 2 Basic 3 Basic 4 Basic 5 Basic 6 Basic 7 Basic 8

Adult 1 Adult 2 Adult 3 Adult 4 Hockey 1 Hockey 2 Hockey 3 Hockey 4

Freestyle 1 Freestyle 2 Freestyle 3 Freestyle 4 Freestyle 5 Freestyle 6

Emergency Contact Information

Emergency contact: _____ phone: _____

Class Information

Session: _____

Class:	Time:

Cost of session \$ _____. Amount paid: _____ Date paid: _____

Payment method (please circle): credit card cash check check no. _____

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: _____