

THE RINK

CORAL RIDGE

LEARN TO SKATE - 2021 MARCH-MAY SESSION

Participant Information

Skater Name: _____ Parents Name: _____

First Time Skater

Skaters Shoe Size: _____

Skaters Birthdate: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

(Primary form of communication, please make legible.)

Skate USA Basic Skills Member ID #: _____

(You must register yourself in Learn To Skate USA at <https://www.learntoskateusa.com/registration/>, a \$16/year fee applies, please provide your member ID before payment at The Rink will be accepted.)

Class Day Selection - Classes are 30 mins in length, your class start time will be emailed to you 1 week before class begins.

Tuesdays: March 23 – May 11 at 5:30pm-6:45pm

Saturdays: March 27 – May 22 at 9:30am-11:20am (No Class on April 10th)

Class Selection

Snowplow Sam 1-2

Basic 2

Basic 5

Pre-Freestyle

Youth Hockey (Must Pass B1 First)

Snowplow Sam 3-4

Basic 3

Basic 6

Freestyle 1-2

Basic 1

Basic 4

Beginner Teen/Adult

Freestyle 3-4

Adult Hockey Skating

Cost

Registration Fee: _____ \$100

ALL SALES ARE FINAL & NO PRORATED TUITION RATES

ASSUMPTION OF RISK: I am aware that ice skating involves certain inherent risks, dangers and hazards which can result in serious personal injury or death. I am also aware that ice skating rinks and arenas contain dangers that can cause serious injury or death. I hereby freely agree to assume and accept all known and unknown risks of injury arising out of ice skating activities. I recognize and acknowledge that risks of ice skating can be greatly reduced by: taking lessons, abiding by the Responsibility Code and using common sense.

PHOTO RELEASE FOR MINOR CHILDREN (Under 18)

I, as parent or official guardian of the skater listed above, hereby grant permission to The Rink at Coral Ridge Mall representatives, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of The Rink at Coral Ridge Mall.

Parent's Signature: _____ Date: _____

Click here and email the form to coralridgeice@gmail.com

Payment will be collected at The Rink front desk the first day of classes