



# Learn to Skate Registration Form



Child's first/last name: \_\_\_\_\_

Parent's first/last name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Lesson Day/Time:

*(circle one)*

Saturdays at 12:15 (begins 01/04)

Tuesdays at 4:00 (begins 01/07)

Sundays at 11:30 (begins 01/26)

## Desired Level:

*(circle one)*

*(ages 4-6)*

Tot 1 *(never skated)*

Tot 2

Tot 3

Tot 4

*(ages 7 & up)*

Pre-Alpha (beginner)

Alpha

Beta

Gamma

Delta

Semi-Private Lessons start date:

☐ I agree to the terms & conditions below

*It is agreed that the Fritz Dietl Ice Skating Rink shall in no way be liable or responsible for any injury of any kind arising out of or in the course of an operation of the Fritz Dietl Ice Skating Rink. It is the intention of the parent to release and waive any and all claims, of any kind whatsoever in law or in equity of his/her child, or ward, a minor on account of any injury of any kind arising out of or in the course of any operation of the Fritz Dietl Ice Skating Rink. I understand that refunds on a pro rata basis are only available directly following completion of my child's first class.*

☐ I accept the photo/video release below

*I grant permission for Fritz Dietl Ice Skating Rink to use all photographs and videos taken of my child while at Fritz Dietl Ice Skating Rink to be used for advertising, promotional, and/or social media purposes.*