



Skating School Registration Form

Parent/Guardian Last Name: _____ / First Name: _____ Home Phone: (____) _____

Address: _____ Emergency Phone: (____) _____

City: _____ Zip: _____ Cell Phone: (____) _____

Parent E-Mail: _____

CODE NUMBER	PROGRAM NAME	PARTICIPANT NAME	BIRTHDAY	SEX	FEE	OFFICE USE ONLY

Payment Information

Check #: _____ Credit Card: Visa Mastercard CC Expiration Date: _____

CC Account #: _____ V Code: _____ (located on back of card - last 3 digits)

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

Waiver & Release of All Claims

Please read this form carefully and be aware that when registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Southwest Ice Arena program/programs. I recognize and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the DiCristina Inc., d.b.a. Southwest Ice Arena and its officers, agents, servants and employees. I do hereby fully release and discharge the Southwest Ice Arena and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize Southwest Ice Arena officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also give my permission for any photographs/videos of me/my child/ward taken by Southwest Ice Arena to be used for Southwest Ice Arena publicity purposes. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent Signature _____ **Date** _____

NO REFUNDS - \$25 Fee on Returned Checks