



LEARN TO PLAY – REGISTRATION FORM

Saturdays 12:30-1:15	May 20th Ends June 24th	July 15th Ends Aug 19th	Start back up in September
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\$90.00 for 6 week group lessons

Player's Name: _____ **D.O.B** __/__/__ **AGE:** ____ **Sex:** M F

Parent/Guardian: _____

Email address: _____ **please print so we can read it**



Home: _____ **Cell:** _____

Address: _____

City _____ **State:** _____ **Zip:** _____

Last Level Passed: (circle one)

NONE (1st time) Basic 1

PRICES AND SCHEDULES SUBJECT TO CHANGE. Includes General Liability Insurance Coverage w/ISI good for one year. (New Members Only) HELMET WITH FACE MASK, HOCKEY SKATES & HOCKEY GLOVES ARE REQUIRED FOR HOCKEY 1-4. Not for beginning class. Release of liability: I understand that there are certain dangers inherent in playing hockey and/or ice-skating, which include but are not limited to injuries from contact with other players/skaters, sideboards, goal standards, the ice, the puck, and equipment. In consideration of being allowed to participate and use the facilities of the Southern Oregon Ice Arena, LLC, dba The RRRink, I, individually and for all others who may make a claim based on injury to me, accept and assume the risk of all personal injury and property damage and fully release, discharge, hold harmless and agree to indemnify the Southern Oregon Ice Arena, LLC, dba The RRRink and all of its employees and agents from any liability, claims, loss or damage to me for any personal injury and damage to property which may occur while I am at the Southern Oregon Ice Arena, LLC, dba The RRRink. I understand that the purpose and intent of this RELEASE is to prevent me, and others who may claim through me, from recovering any money from the Southern Oregon Ice Arena, LLC, dba The RRRink and its employees for any personal injury and property damage I suffer while playing hockey, skating or participating in activities at the Southern Oregon Ice Arena, LLC, dba The RRRink. This release covers the time period: January 1, 2017 – December 31, 2017. I have read this agreement and understand the responsibilities I have assumed hereunder.

Signature of Parent/Guardian or Adult Skater taking the above course

Signature: _____ **Date:** _____

