

LEARN TO PLAY – REGISTRATION FORM

Saturdays 12:30-1:15	9/15/18 Ends 10/20/18	Oct 27 th Ends Dec 1 st	New classes will Start in Jan
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Must complete Learn to skate hockey on Tuesday night before taking this class \$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	e can read it
	Cell:		
Address:			
City	State:	Zip:	
SKATES & HOCKEY GLOV Release of liability: I understar ice-skating, which include but sideboards, goal standards, the participate and use the facili individually and for all others w risk of all personal injury and pu to indemnify the Southern Ore agents from any liability, cla property which may occur whil understand that the purpose a claim through me, from recover RRRink and its employees fo hockey, skating or participat RRRink. This release covers the agreement and und	ar. (New Members Only) HELM ES ARE REQUIRED FOR HOO and that there are certain dangers are not limited to injuries from a cice, the puck, and equipment. It ties of the Southern Oregon Ice who may make a claim based on roperty damage and fully release egon Ice Arena, LLC, dba The Rims, loss or damage to me for an le I am at the Southern Oregon I and intent of this RELEASE is to ring any money from the Souther or any personal injury and prope ing in activities at the Southern Oregon I activities at the Southern Oregon I ce time period: January 1, 2018 – derstand the responsibilities I ha	CKEY 1-4. Not for best inherent in playing contact with other playing contact with other playing contact with other playing to me, accept the playing to me, accept the playing to me, accept the playing and all of its appearance of the playing and the pla	eginning class. hockey and/or layers/skaters, eing allowed to e RRRink, I, and assume the rmless and agree employees and and damage to The RRRink. I hers who may a, LLC, dba The while playing LC, dba The I have read this ler.
Signature of Paren Signature:	t/Guardian or Adult Skater ta		urse
Signature:		Date:	