

2010-11 Advanced Learn to Skate Registration Level B & C

Ice Den · 9375 E. Bell Rd., Suite 101 · Scottsdale, AZ 85260 · 480-473-5811 · FAX: 480-585-9117 · www.coyotesice.com

Skater's Name: _____

Male

Address: _____ City: _____ St: _____ Zip: _____

Female

Home #: _____ Wk#: _____ Cell#: _____

Emergency #: _____ Emergency Contact: _____

Mandatory Email: _____ Skater's Age: _____ Date of Birth: ____/____/____

USFS

New

Father's Name: _____ Mother's Name: _____

Renewal

6 CLASSES PER SESSION ALL CLASSES ARE OPEN ENROLLMENT FOR THE FULL SEASON

- SESSION #1 Tuesday, August 10 - Saturday, September 18
- SESSION #2 Tuesday, September 21 - Saturday, October 30
- SESSION #3 Tuesday, November 2 - Saturday, December 18 (No LTS Nov. 25 - 27)
- SESSION #4 Tuesday, January 4 - Saturday, February 12
- SESSION #5 Tuesday, February 15 - Saturday, March 26
- SESSION #6 Tuesday, March 29 - Saturday, May 7
- ANNUAL \$10 US FIGURE SKATING FEE - VALID JULY 1, 2010 - JUNE 30, 2011

\$110.00
per session
includes skate rental.

Plus \$10
Annual USFS Fee
*See back

LEVEL B (BASIC 4 - 8) SKATING CLASSES

- Tuesday: 4:45 - 5:45 PM Saturday : 9:00 - 10:00 AM
- B4-A B4-B B5-A B5-B B6 B7 B8

If registering for more than one session, skill level will automatically be adjusted after each session evaluation.

Register for 3
sessions in a row
& save \$30!

Save 25%
Skate 2 times
per week

LEVEL C (FREESKATE 1 - 6, PRE-PRELIMINARY) SKATING CLASSES

- Thursday: 4:45 - 5:45 PM Saturday : 10:00 - 11:00 AM
- FS1 FS2 FS3 FS4 FS5 FS6 NO TEST/PRE-PRE

If registering for more than one session, skill level will automatically be adjusted after each session evaluation.

Save 25%
Skate 2 times
per week

Please sign back of form

NOTES: Classes not meeting size requirements may be cancelled or combined. Payment in full is required at time of registration.

ALL CHECKS SUBMITTED FOR PAYMENT WILL BE ELECTRONICALLY PROCESSED IN ACCORDANCE WITH THE "CHECK 21" LAW. Please make checks payable to: Coyotes Ice, LLC.

MAKE-UP POLICY: One (1) make-up class per session based on availability. NO EXCEPTIONS! Call (480) 473-5811 to schedule your make-up class. If no make-up class is available, two (2) public skating passes will be substituted. Make-up class must be scheduled within the same session of missed class.

DISCOUNTS:

\$30 OFF if you register for 3 consecutive sessions in a row.

25% Discount on second class if you register for two or more classes per week for Level A and Pre-Hockey classes only.

10% discount on second or more immediate family members of equal or lesser value.

Only one discount may apply per participant.

PROGRAM REGISTRATION POLICIES

All programs must be paid in full at time of registration. Ice Den reserves the right to reschedule, change, or cancel a program due to uncontrollable circumstances. Ice Den reserves the right to revoke participant privileges and future registration in any program offered at this facility.

RECOMMENDED CLOTHING: Skating attire required. No jeans or shorts allowed. Long hair must be tied back in ponytail or bun.

★ ★ ★ AGREEMENT TO USE FACILITIES OF THE ICE DEN ★ ★ ★

IMPORTANT: THIS IS A LEGAL DOCUMENT; PLEASE READ IN FULL AND UNDERSTAND BEFORE SIGNING.

1. Assumption of Risk: In consideration of being permitted to participate in skating and hockey related activities at Ice Den, I hereby agree to the following: I understand and appreciate that: there are risks of serious personal injury in connection with participating and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue Coyotes Ice, LLC ("Ice Den"), and any of their affiliates and subsidiaries, their promotional sponsors and advertisers and all their agents, servants and employees from any and all suits, claims and demands of any kind for personal injuries, property damage, including but not limited to lost, stolen or damaged goods, that I may sustain while participating in hockey, skating and all related activities at Ice Den.

2. Consent to Treat: Consent to Use of Image, Etc.: I certify that, as parent or guardian of said participant, I give my consent to Ice Den and their staff to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities at Ice Den. I hereby give my consent to Coyotes Ice, LLC to use my image/likeness (or in the case of a child . . . my child's image/likeness) for the purpose of inclusion in any publications related to the Ice Den.

3. Refund Policy: Refunds, credits or transfers will only be given if requested in writing two (2) weeks prior to the first day of registered class. Refunds, credits or transfers will be granted minus a \$10.00 administrative fee only in the event of an injury or illness and the request is accompanied by a doctor's statement verifying the nature of the injury or illness.

No refunds, credits or transfers will be given to a registrant who leaves because of their own desire or fails to attend.

In the event any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity of any other provision hereof and this Agreement shall be construed as if such invalid, illegal or unenforceable provision were not contained herein.

Signature: _____ Date: _____
Parent/Guardian MUST sign IF Participant is younger than 18

***US Figure Skating Membership Fees starting July 1, 2010**

The Learn-To-Skate Program at the Ice Den is endorsed by USFS, therefore all members are required to pay a \$10.00 annual registration fee that covers July 1st - June 30th each calendar year.

Registration Fee \$ _____ Annual US Figure Skating Fee \$ _____ Total Due \$ _____

Cash Check # _____ All checks will be processed electronically in accordance with the "Check 21" law.

Please make checks payable to: Coyotes Ice, LLC.

Visa MC Disc. Amex #: _____ Exp. Date: _____ CVC Code: _____

Cardholder signature authorizing processing payment: _____

For Office Only: Date received: _____ By: _____