

2016-2017 Skating Programs

		Price			
LEARN TO SKATE: Tuesday 4:00-4:25pm BASIC 1-2				LEARN TO SKATE: Wednesday Basic 3-6 4:00-4:25pm	
			Session IV: \$80 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 5/3, 5/10 (8 wks)		
Session IV: \$80 3/14, 3/21, 3/28, 4/4, 4/11, 4/18, 5/2, 5/9 (8 wks)			Snowplow Sam: Tuesday 4:00-4:25pm		
			Session IV: \$80 3/14, 3/21, 3/28, 4/4, 4/11, 4/18, 5/2, 5/9 (8 wks)		
LEARN TO SKATE: Tuesday 4:00-4:25pm BASIC 3-6			Tot Group Skate: Tuesday 4:00-4:20pm		
			Session IV: \$42 3/14, 3/21, 3/28, 4/4, 4/11, 4/18, 5/2, 5/9 (8 wks)		
Session IV: \$80 3/14, 3/21, 3/28, 4/4, 4/11, 4/18, 5/2, 5/9 (8 wks)			NEW: REQUIRED \$12 USFS YEARLY MEMBERSHIP		
			TOTAL \$		

Questions call Stacy McAllister at: 871-7033

OVER →

Skating Programs Registration Form

Participant Name _____

Age _____ & D.O.B. _____ / _____ / _____

Skating Program Enrolling In _____

Guardian Name-Please Print _____

Guardian/Liability Signature _____ Date _____

Guardian/ Photo Signature _____ Date _____

Cell Phone _____ Work Phone _____

E-Mail Address _____

Mailing Address _____

PERSONAL RELEASE LIABILITY AGREEMENT

The undersigned acknowledges that ICE SKATING is a potentially dangerous activity involving RISK OF PERSONAL INJURY, DEATH AND PROPERTY DAMAGE. Such risk may increase based on ice conditions, ice arena conditions and actions of spectators and other participants. I expressly understand and agree that neither the City of Steamboat Springs, CO, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named program and I hereby agree to indemnify and hold the City of Steamboat Springs, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

PHOTO RELEASE WAIVER

I hereby give permission to the City of Steamboat Springs to use my child(s) name and PHOTOGRAPHIC LIKENESS in all forms and any other lawful purposes, and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use.



Method of Payment: charge cash check, # _____

Please make check payable to City of Steamboat Springs



or charge to: Visa MC Other

Account #: _____ Exp. Date: ____ / ____ / ____ CW _____

Signature: _____

Office Use Only:

Fee Paid \$ _____ Date: ____ / ____ / ____ Received By: _____