

CAROL STREAM ICE RINK SKATING SCHOOL PRE-REGISTRATION

Payment by Check Only. One Registration per student.
(Pro-rations accepted at Rink Office only)

PLEASE PRINT:

Student Name: _____ Birth date (m/d/yy): _____

Address: _____

Phone: () _____ E-mail Address: _____
(for rink use only)

Family Discount: Deduct \$5.00 when registering more than one immediate family member.
(not valid with Holiday New Student special)

Please mark the following with an "X" (for Tot & Freestyle indicate level).

SESSION: Back-To-School _____ Fall _____ Winter _____ Spring _____

CLASS: Tot(I-IV) _____ Pre-Alpha(Beg.) _____ Alpha _____ Beta _____

Gamma _____ Delta _____ Freestyle 1 & Up _____ Adult _____

CLASS DAY: _____ CLASS TIME: _____ TOTAL CLASS COST: \$
(FIRST CLASS DAY: upon arrival please check-in at the rink office 30 minutes before class time.)

*Mail Registration Form & Payment to:
Carol Stream Ice Rink, 540 E Gundersen Drive, Carol Stream, IL. 60188*

HOLD HARMLESS AGREEMENT

For and in consideration of the enrollment of the above named in Icy Eight, Ltd. programs and other good and valuable considerations, receipt of which is hereby acknowledged, I/we shall indemnify and save harmless Icy Eight, Ltd., or its employees, agents or coaches from any and all liability for damage because of bodily injury, sickness or disease, including death, therefrom, sustained by the above named person arising directly out of or in connection with his/her enrollment and/or participation at CAROL STREAM ICE RINK whether due in whole or in part to the negligence, active or passive of both Icy Eight Ltd. or its agents, employees or coaches and the above named individual.

DATE: _____ X _____
signature of student (parent or guardian if under 21 years of age)

Office Use Only

Amount Paid \$ _____ Check# _____ Cash _____ Date _____ Initials _____