

Learn To Skate

Application

Clifton Park Ice Arena
16 Clifton Common Blvd.
Clifton Park, NY 12065
518-383-5440

Print & Bring to Registration

Sold To: _____
Students Name: _____ Age: _____ DOB: _____
Address: _____
City, State, Zip: _____
Phone (Day): _____ (Night): _____
Email: _____

Date: _____ Session # _____ Day of Class: _____

Please do not write below this line

Description	Lesson Time	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____
		Cash _____
		Check # _____

Waiver (please read) : I acknowledge that this activity has potential dangers in it. In order to participate in this activity, I agree to hold the facility harmless and waive any right to make claims or lawsuits against the facility or anyone working on behalf of the facility for any injuries or damages related to the alleged negligence of the facility. This waiver does not apply to any injuries or damages that are result of any willful, wanton or intentional misconduct. My participation in this activity is voluntary and I understand the effect of this waiver on my legal rights.

Date: _____ Print Name: _____ Signature: _____

Emergency Phone Number: _____