



## SKATING SCHOOL REGISTRATION FORM

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our program? (Please Circle)

Returning Friends/Family Internet/Website Advertisement Other

Are you a New or Returning Customer? (Please Circle) New Returning

Skater's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Class Name #1: \_\_\_\_\_ Day: \_\_\_\_\_ # of Weeks: 12 \_\_\_\_\_

Class Name #2: \_\_\_\_\_ Day: \_\_\_\_\_ # of Weeks: 12 \_\_\_\_\_

Class Name #3: \_\_\_\_\_ Day: \_\_\_\_\_ # of Weeks: 12 \_\_\_\_\_

Skater's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Class Name #1: \_\_\_\_\_ Day: \_\_\_\_\_ # of Weeks: 12 \_\_\_\_\_

Class Name #2: \_\_\_\_\_ Day: \_\_\_\_\_ # of Weeks: 12 \_\_\_\_\_

Class Name #3: \_\_\_\_\_ Day: \_\_\_\_\_ # of Weeks: 12 \_\_\_\_\_

### Costs:

For all ages  
\$180.00

Prorated at  
\$15.00/week

### Discounts.

- ☐ 5% Early re-registration (only if registering by the last day of the current semester)
- ☐ 20% Multiple classes (for each student)
- ☐ 10% Additional family members
- ☐ 10% Military (off 1<sup>st</sup> family member only)

Class Amount \_\_\_\_\_

Discount \_\_\_\_\_

Total \_\_\_\_\_

Total Amount Due \_\_\_\_\_

### Terms & Conditions

I as the above named participant or the authorized parent or guardian of the participant do hereby acknowledge by participating in the Ice-plex Escondido Learn to Skate Program, the participant may be exposed to risk of injury that is inherent in ice skating programs. I hereby acknowledge that Ice-plex Escondido, and the Ice-plex Escondido staff are not responsible for any damage or injuries that result from their participation in this program. Ice-plex reserves the right to reschedule class times if needed. I hereby grant permission to Ice-plex Escondido to use or publicity display my skater's and my family's photograph, video image or audio clip on the Company's website(s), advertisement pages, or in other Ice-plex approved publications.

**I agree with the terms of agreement and declare that all information written above is true.**

\_\_\_\_\_  
Student or Parent/Guardian Signature if Skater is Under 18

\_\_\_\_\_  
Date

Semester \_\_\_\_\_ Clerk \_\_\_\_\_ ☐ Punch Card Received

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