

# Learn To Skate \* 2017-2018 \* Registration Form

Skater's Name:

First

Last

Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F

Parent(s)/Guardian(s):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

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

What is your child most interested in? Please circle one.

Hockey

Figure Skating

General Skating

**Waiver & Permission to use photographs & video for promotional purposes:**

In consideration of the above named skater's participation in this program, skater and the undersigned agree to release County of Wexford Civic Center, Boon Sports Management, Cadillac Area Hockey Association and its employees and agents from all claims, damages and actions of the above named skater or their parent/guardian. I understand and assume all risks for any bodily injury that may occur as a result of the inherent risk of skating. These risks may be caused by the negligence of the participant skater or the negligence of other participants. I understand that any participant who causes damage or intentional injury will be suspended from the program without refund. I authorize Boon Sports Management to use all photos or videos taken of me/my child during any/all programs for advertising or promotional material. I have read and understand these terms and conditions and I agree to them.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Classes:**

(please mark which session(s) you are registering for)

**Ages 3-4yrs & Ages 5-7yrs**

\_\_ Session 1 \_\_ Session 2 \_\_ Session 3      \$30.00

**Ages 8yrs & up**

\_\_ Session 1 \_\_ Session 2 \_\_ Session 3      \$60.00

Please circle your payment method:      Check                      Cash                      Credit Card

\*All payments must be made when you register. If paying by credit card please make payment at the office. Please make all checks payable to the *Wexford Civic Center*.

You can register though our website or stopping in at the Wexford Civic Center office.



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