

Skatin' Station

FAMILY SKATING CENTER



8611 Ronda Drive Canton, MI 48187
(734) 459-6400 www.skatinstation2.com



Date paid: _____

Emp: _____

\$\$ Paid: _____

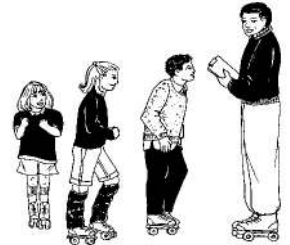
Method: _____

FAMILY BEGINNER SKATING LESSONS

Class Fees:

Tuesday \$60 ~ Saturday \$60

sign me up:



DAY OF CLASS

SESSION #

START DATE

NAME

ADDRESS

CITY

ZIP

PHONE

DATE OF BIRTH

AGE

EMAIL

CONSENT & LIABILITY WAIVER

The undersigned applicant having knowledge of the physical risks involved in instructional skating programs, waive any claim I (we) have for myself (ourselves) and the Applicant for any injuries sustained during the course of my instructional skating sessions. I (we) further release Skatin' Station and its employees and affiliates from all claims for damages or liability resulting from the Applicant's activities.

In addition, the undersigned hereby authorizes that in the event of a sustained injury, the Program Director or his assistants may secure temporary and emergency care.

REFUND POLICY: There are no refunds, make up classes or credits given for this class.

Signature (of parent if participant is a minor)

Date