

CENTER ICE SKATING ACADEMY REGISTRATION FORM

Invoice # _____

1) FAMILY INFORMATION

Family Last Name:		Address:	
City, State:		Zip Code:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
Email address:			

2) REGISTRATION

Session: FI FII WI WII SPI Summer

First and Last Name	Birth Date	Sex	Level	Day	Time	Fee

3) WAIVER

IN CONSIDERATION of the mutual promises and agreements of the Parties hereto and other good and valuable consideration, the undersigned individually and for the undersigned's child, and their heirs, executors and administrators, does hereby waive and release any and all claims or rights for damages which he, she, or their child may have or will have against **Center Ice of Dupage, Arena Development Enterprises, LLC**, or its instructors, agents, assigns, shareholders, officers and their representatives, successors or assigns for any and all injuries or damages suffered by himself, herself, or their child before, during, or after any activities sponsored or involving **C.I.D. Skate School** or its agents.

The undersigned acknowledges that the activities engaged in by the undersigned or the minor child of the undersigned has certain risks involved in the activity. Notwithstanding these assumed risks, the undersigned agrees to permit the minor child or the undersigned to engage in said activities at their sole risk, undertaking and expense. **C.I.D. Skate School** and its agents and assigns shall not in any event be liable for any resulting injuries or damages. The undersigned agrees to fully indemnify and hold **C.I.D. Skate School** and its agents harmless from any and all claims which may be asserted by the undersigned or on behalf of the minor child. The undersigned further agrees to reimburse **C.I.D. Skate School** for any and all costs of litigation and attorney's fees in the event a claim is asserted against **C.I.D. Skate School** or one of its agents.

The undersigned agrees that access to the ice rink facilities and participation in the activities are expressly conditioned upon the proper conduct of the undersigned parent and his/her child. Abusive or threatening words or actions, on or off the ice, before, during, or after an activity shall be considered improper conduct. It is mutually agreed by the Parties hereto that at the sole discretion of **C.I.D. Skate School**, access to the ice rink facilities and permission to participate in the activities by the undersigned parent or his/her child may be terminated by **C.I.D. Skate School**, for what is deemed improper conduct. In the event termination occurs, **C.I.D. Skate School** shall refund the unused portion of any collected tuition based on a pro rata computation. No additional sums shall be refunded.

Signature of Participant or Parent/Guardian:	Date:
----------------------------------------------	-------

4) PAYMENT – Fax or Register in person

Please make checks payable to: Arena Development

Amount of Payment:	Circle One: Visa Mastercard
Card Number:	Exp. Date
Card Holder Name (print please):	
Authorized Signature:	



1 N 450 Highland Ave. Glen Ellyn, IL 60137
 Phone (630)790-9696
 Fax (630) 790-9695