

# 2010-11 Adult Learn to Skate Registration

## Adult Level A & Ice Café

Ice Den · 9375 E. Bell Rd., Suite 101 · Scottsdale, AZ 85260 · 480-473-5811 · FAX: 480-585-9117 · www.coyotesice.com

Skater's Name: \_\_\_\_\_

Male

Female

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

Home #: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

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

**USFS**

New

Renewal

### 6 CLASSES PER SESSION

### ALL CLASSES ARE OPEN ENROLLMENT FOR THE FULL SEASON

- SESSION #1 Tuesday, August 10 - Saturday, September 18
- SESSION #2 Tuesday, September 21 - Saturday, October 30
- SESSION #3 Tuesday, November 2 - Saturday, December 18 (No LTS Nov. 25 - 27)
- SESSION #4 Tuesday, January 4 - Saturday, February 12
- SESSION #5 Tuesday, February 15 - Saturday, March 26
- SESSION #6 Tuesday, March 29 - Saturday, May 7
- ANNUAL \$10 US FIGURE SKATING FEE - VALID JULY 1, 2010 - JUNE 30, 2011

**Adult Level A Only:  
Register for 3  
sessions in a row  
& save \$30!**

### ADULT LEARN TO SKATE LEVEL A

- Tuesday: 4:00 - 4:45 PM
- Thursday: 4:00 - 4:45 PM
- Thursday: 5:45 - 6:30 PM
- Saturday: 11:00 - 11:45 AM

Recommended clothing: Long sleeves, pants, helmet or knit cap and wrist guards

**\$99.00**  
per session  
includes skate rental.

**Plus \$10**  
Annual USFS Fee  
\*See back

### ICE CAFÉ (ADULTS ONLY)

- Tuesday: 12:30 - 2:00 PM
- Thursday: 12:30 - 2:00 PM

**\$75.00**  
per session  
includes skate rental.

**Plus \$10**  
Annual USFS Fee  
\*See back

**Note:**

- Ice Den Learn to Skate discounts do not apply to Ice Café program.
- \$14.00 drop-in fee per class

Please sign back of form

**NOTES:** Classes not meeting size requirements may be cancelled or combined. Payment in full is required at time of registration.

**ALL CHECKS SUBMITTED FOR PAYMENT WILL BE ELECTRONICALLY PROCESSED IN ACCORDANCE WITH THE "CHECK 21" LAW. Please make checks payable to: Coyotes Ice, LLC.**

**MAKE-UP POLICY:** Adult Level A & Ice Café - One (1) make-up class per session based on availability. NO EXCEPTIONS! Call (480) 473-5811 to schedule your make-up class. If no make-up class is available, two (2) public skating passes will be substituted or credit code for freestyle contract ice. Make-up class must be scheduled within the same session of missed class.

### DISCOUNTS

**No discounts apply to Ice Café**

\$30 OFF if you register for 3 consecutive sessions in a row.

10% discount on second or more immediate family members of equal or lesser value on Adult Level A class only.

Only one discount may apply per participant.

### PROGRAM REGISTRATION POLICIES

All programs must be paid in full at time of registration. Ice Den reserves the right to reschedule, change, or cancel a program due to uncontrollable circumstances. Ice Den reserves the right to revoke participant privileges and future registration in any program offered at this facility.

**RECOMMENDED EQUIPMENT & CLOTHING:** Long sleeves, pants, helmet or knit cap and wrist guards.

## ★ ★ ★ AGREEMENT TO USE FACILITIES OF THE ICE DEN ★ ★ ★

**IMPORTANT: THIS IS A LEGAL DOCUMENT; PLEASE READ IN FULL AND UNDERSTAND BEFORE SIGNING.**

**1. Assumption of Risk:** In consideration of being permitted to participate in skating and hockey related activities at Ice Den, I hereby agree to the following: I understand and appreciate that: there are risks of serious personal injury in connection with participating and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue Coyotes Ice, LLC ("Ice Den"), and any of their affiliates and subsidiaries, their promotional sponsors and advertisers and all their agents, servants and employees from any and all suits, claims and demands of any kind for personal injuries, property damage, including but not limited to lost, stolen or damaged goods, that I may sustain while participating in hockey, skating and all related activities at Ice Den.

**2. Consent to Treat:** Consent to Use of Image, Etc.: I certify that, as parent or guardian of said participant, I give my consent to Ice Den and their staff to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities at Ice Den. I hereby give my consent to Coyotes Ice, LLC to use my image/likeness (or in the case of a child . . . my child's image/likeness) for the purpose of inclusion in any publications related to the Ice Den.

**3. Refund Policy:** Refunds, credits or transfers will only be given if requested in writing two (2) weeks prior to the first day of registered class. Refunds, credits or transfers will be granted minus a \$10.00 administrative fee only in the event of an injury or illness and the request is accompanied by a doctor's statement verifying the nature of the injury or illness.

**No refunds, credits or transfers will be given to a registrant who leaves because of their own desire or fails to attend.**

In the event any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity of any other provision hereof and this Agreement shall be construed as if such invalid, illegal or unenforceable provision were not contained herein.

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

Parent/Guardian MUST sign IF Participant is younger than 18

### \*US Figure Skating Membership Fees starting July 1, 2010

The Learn-To-Skate Program at the Ice Den is endorsed by USFS, therefore all members are required to pay a \$10.00 annual registration fee that covers July 1st - June 30th each calendar year.

**Registration Fee \$ \_\_\_\_\_ Annual US Figure Skating Fee \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_**

Cash  Check # \_\_\_\_\_ All checks will be processed electronically in accordance with the "Check 21" law.

**Please make checks payable to: Coyotes Ice, LLC.**

Visa  MC  Disc.  Amex #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Cardholder signature authorizing processing payment: \_\_\_\_\_

**For Office Only:** Date received: \_\_\_\_\_ By: \_\_\_\_\_