



Mail to: Lakeshore Hockey Arena 123 Ling Road, Rochester, NY 14612  
www.lakeshorehockeyarena.com 865-2800

# 2009-2010 LEARN TO SKATE REGISTRATION

## Skaters Information

<u>(Please Print Clearly)</u>	
<b><u>Skaters Name:</u></b>	
<b><u>Birthday:</u></b>	
<b><u>Home Address:</u></b>	
<b><u>Home Phone:</u></b>	
<b><u>School Attending:</u></b>	
<b><u>Grade in school:</u></b>	
<b><u>Emergency contact:</u></b>	

## Parents Information

<b>Mothers Name:</b>	<b>Fathers Name:</b>
<b>Address (If different from above):</b>	<b>Address (If different from above):</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Mother Cell Phone</b>	<b>Father Cell Phone</b>
<b>Mother Work Phone:</b>	<b>Father Work Phone:</b>
<b>Mother Email:</b>	<b>Father Email:</b>

## SESSION DATES, TIMES & FEES – PLEASE CIRCLE ONE

### **SATURDAY-ICE CUBS**

Fall Session \$105  
 Winter Session \$105

### **WEDNESDAY-ICE CUBS**

Spring Session \$105

### **SATURDAY – FUTURE STARS**

Fall Session \$120  
 Winter Session \$120  
 Spring Session \$120

### **SUNDAY- FIGURE SKATING**

Fall Session \$125.  
 Winter #1 Session \$125.  
 Winter #2 Session \$125  
 Spring Session \$95.

### **Mommy or Daddy and ME**

Fall Session \$85  
 Winter Session \$85

**\* Please note:  
 NO REFUNDS, NO  
 MAKE-UPS for missed  
 sessions**

**NOTE: Participants in a current session must re-register for a new session 3 weeks prior to the beginning of the next session to hold their spot in the program. We will NOT guarantee a spot in the program after this point.**

The Participant, in attending LSHA and participating in any of the Learn to Skate programs, does so at their own risk. LSHA shall not be liable for any damage arising from personal injuries sustained by the participant in or about the premises. The participant assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the instructors, owners, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the participants use of the ice and or its facilities. Participation is entirely their own choice and with the understanding of risk of accidental injury involved in any activity involving motion or height.

Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

\*\*\*\*\*METHOD OF PAYMENT\*\*\*\*\*

**SKATERS NAME:** \_\_\_\_\_

**Circle One**    Check                  Cash                  Master Card / Visa                  Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ Recieved by: \_\_\_\_\_

**Circle One**    Check                  Cash                  Master Card / Visa                  Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ Recieved by: \_\_\_\_\_

**Circle One**    Check                  Cash                  Master Card / Visa                  Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ Recieved by: \_\_\_\_\_

**Circle One**    Check                  Cash                  Master Card / Visa                  Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ Recieved by: \_\_\_\_\_