

DOWNERS GROVE ICEARENA SKATING SCHOOL PRE-REGISTRATION

Payment by Check Only. One Registration per student.
(Pro-rations accepted at Rink Office only)

PLEASE PRINT:

Student Name: _____ Birthdate(m/d/yy): _____

Address: _____

Phone:() _____ E-mail Address: _____
(for rink use only)

Family Discount: Deduct \$5.00 when registering more than one immediate family member.
New Student: Attach and deduct \$5.00 First Time Class Registration on-line coupon(if applicable).

Please mark the following with an "X" (for Tot & Freestyle indicate level).

SESSION: Back-to-School ___ Fall ___ Winter ___ Spring ___

CLASS: Tot(I-IV) ___ Pre-Alpha(Beg.) ___ Alpha ___ Beta ___

Gamma ___ Delta ___ Freestyle 1 & Up ___ Adult ___

CLASS DAY: _____ CLASS TIME: _____ TOTAL CLASS COST: \$ _____
(FIRST CLASS DAY: upon arrival please check-in at the rink office 30 minutes before class time.)

*Mail Registration Form & Payment to:
Downers Grove Icearena, 5501 Walnut Ave., Downers Grove, IL 60515*

HOLDHARMLESS AGREEMENT

For and in consideration of the enrollment of the above named in Downers Grove Icearena, Inc. programs and other good and valuable considerations, receipt of which is hereby acknowledged, I/we shall indemnify and save harmless Downers Grove Icearena, Inc. or its employees, agents or coaches from any and all liability for damage because of bodily injury, sickness or disease, including death, therefrom, sustained by the above named person arising directly out of or in connection with his/her enrollment and/or participation at DOWNERS GROVE ICEARENA whether due in whole or in part to the negligence, active or passive of both Downers Grove Icearena, Inc. or its agents, employees or coaches and the above named individual.

DATE: _____ X _____
(Signature of Student (parent or guardian if under 21 years of age))

Office Use Only

Amount Paid \$ _____ Check# _____ Cash _____ Invoice# _____ Date _____ Initials _____

Family Discount \$ _____ CV \$ _____ Coupon \$ _____ Certificate \$ _____