

GROUP LESSONS

FRITZ DIETL ICE SKATING RINK
639 BROADWAY, WESTWOOD NJ 07675
201-664-9812

PLEASE PRINT ALL INFORMATION CLEARLY

NAME OF CHILD: _____ DATE OF BIRTH: _____

PARENTS NAME: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

PAYMENT IN FULL IS REQUIRED AT TIME OF SIGN – UP (CASH- CHARGE CARD) /

NO REFUNDS / HELMETS ARE RECOMMENDED / SKATE AT YOUR OWN RISK

- \$ 30 - ONE TIME REGISTRATION FEE – There are no makeup dates for missed sessions.
- \$185 / 8-week session – Skate Rental \$5 - if needed per session.
- If parent wants to skate with their child after the 30 Min. class session.
- One parent would be able to help their child skate during their 1/2 hour practice time.
- And the charge would be a \$7 admission fee & \$5 rental skate fee/ if needed.

AGREEMENT: I AGREE THAT I SHALL PROVIDE HEALTH INSURANCE OR OTHER INSURANCE TO COVER ANY PERSONAL INJURY AND PROPERTY DAMAGED SUSTAINED BY THE STUDENT WHILE PARTICIPATING IN ANY ACTIVITIES AT FRITZ DIETL ICE SKATING RINK. I HEAREBY AND FOREVER DISCHARGE FRITZ DIETL ICE SKATING RINK FROM ALL DAMAGES, CAUSES OF ACTION, SUIT OR LIABILITIES FOR PERSONAL INJURY AND OR PROPERTY DAMAGE WHICH I AS A STUDENT OR PARENT OF THE STUDENT AND MYSELF MAY HAVE AS A RESULT OF PARTICIPATING IN SAID PROGRAM. I/WE AUTHORIZE FRITZ DIETL ICE SKATING RINK TO SEEK EMERGENCY TREATMENT FOR OUR CHILD/ SELF WHILE A PARENT/ GUARDIAN IS BEING CONTACTED. I ATTEST THAT THE STUDENT/PARENT IS IN GOOD HEALTH AND IS ABLE TO PARTICIPATE IN THE PHYSICAL ACTIVITY. PICTURES OF ALL STUDENTS / PARENT MAY BE USED IN ANY FLYERS OR WEB SITE.

SIGNATURE OF STUDENT OR PARENT / LEGAL GUARDIAN:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

PAYMENT RECEIVED BY: _____ DATE: _____