Learn to Skate Enrollment Application

Name:_____

Address:_____

City: _____State:_____Zip:_____

Birth Date: _____ Age: _____

Previous Level Completed: _____

Contact Name: _____

Home Phone : _____ Work Phone:_____

E-mail: _____

Learn to Skate Session, Day & Level (please circle):

Session 1 Session 2 Session 3

Wednesday

Snowplow Sam (5 &under):		1	2	3			
Basic Skills:	1	2	3	4	5	6	7	8
Freeskate			1	2	3	4		

Payment Options

Entire Program Fees Due with Application

Please make checks payable to: Flyers Skate Zone

Circle One: Cash Check M.O. Visa MasterCard

Credit Card #:_____Exp Date:_____

Cardholder Signature:_____

Please return completed and signed application with full payment to:

Flyers Skate Zone, Atlantic City
"LTS Enrollment"
501 N. Albany Ave
Atlantic City NJ 08401
609-441-1780

Parental/Participant Contest

IN CONSIDERATION OF THE STUDENT AND HIS/HER PARENT BEING PERMITTED TO REGISTER THE PARTICIPANT IN THE CITED CLINIC AND/OR PROGRAM ON THIS REGISTRATION FORM. WE DO HEREBY FOREVER RELEASE FLYERS SKATE ZONE ITS OFFICERS, AGENTS, EMPLOYEEES AND ANY PERSON OR CORPORATION CONNECTED HEREWITHFROM ALL MANNER OF ACTION INJURY DAMAGES, COSTS CLAIMS OR DEMANDSWHICH WE SHALL OR MAY HEREAFTER HAVE SUFFER OR RECEIVE BY REASON OF SUCH PARTICATION IN THE REGISTERED CLINIC AND/OR PROGRAM THIS RELEASE SHALLL BE BINDING ON OUR HEIRS, ASSIGNS, EXECUTORS AND ADMINISTRATORS. FURTHERMORE, I UNDERSTAND THAT THE TUITION IS PAYABLE IN FULL WHEN THE APPLICATION IS SUBMITTED TO THE RINK OFFICE. PARTICIANTS UNDER THE AGE OF 18 MUST HAVE PARENT OR GUARDIAN SIGNATURE TO PARTICIPATE IN FLYERS SKATE ZONE PROGRAMS.

SIGNATURE OF PARENT, GAURDIAN OR PARTICIPANT DATE

Registration is accepted on a first received basis.

Website: www.flyersskatezone.com