



10 NEVINS ROAD, WAYNE, NJ 07470
PHONE 973-628-1500 FAX 973-628-1555

SKATER REGISTRATION

Skater Information

Name _____ Age _____ D.O.B. ____/____/____

Address _____

City/State/Zip _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____@_____

Renewal? (Check One) Yes ___ No ___ Last Skating Level Passed: _____

Contact Information

Parent/Guardian/Emergency Contact _____

Home Phone (____) _____ Cell Phone (____) _____

Program Information

LTS SEMESTER: FALL ___ WINTER A ___ WINTER B ___ SPRING ___ SUMMER ___

Hockey Skills 1 ___ Hockey Skills 2 ___

Class Day _____ Class Time _____

Start Date _____ # of Classes Sold _____

Do you have the US Basic Skills Registration for 7/1/17 to 6/30/18. Yes ___ No ___

A Basic Skills Registration Fee of \$20.00 for all new registrations must be added to class total.

Payment

Total Due \$ _____ Form of Payment (Check One Below)

Cash _____ Check # _____ MC/Visa _____ AMEX _____ Discover _____

Card Number _____

Exp. ____/____ Security Code: _____

Name on Card _____ Signature _____

WAIVER RELEASE

It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her son/daughter, or ward, a minor on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Signature _____ Date ____/____/____