



**SOLDOTNA SPORTS CENTER  
I.C. BERG PENGUIN  
LEARN TO SKATE  
PROGRAM**



SESSION # \_\_\_\_\_ Start Date: TUES. \_\_\_/\_\_\_/\_\_\_ Wed. \_\_\_/\_\_\_/\_\_\_ Sat. \_\_\_/\_\_\_/\_\_\_

END DATE: TUES. \_\_\_/\_\_\_/\_\_\_ Wed. \_\_\_/\_\_\_/\_\_\_ Sat. \_\_\_/\_\_\_/\_\_\_

Classes are grouped into 7 Week Semesters and each class session is 45 minutes\*

PLEASE CHECK ONE OF THE FOLLOWING DAYS/TIMES\*\* AND LEVEL

(\*except for freestyle classes which are 1 hour, \*\* please note that though we make every effort to maintain the following schedule, classes may be re-scheduled to different days and times. Please see attached sheets for variances)

TUESDAY	12:00-12:45pm	TOTS (2 1/2 -5yr)	_____
TUESDAY	5:30-6:15pm	HOCKEY POWER	_____
TUESDAY	6:30-7:15pm	TOTS THROUGH ADULT	_____
WEDNESDAY	12:00-12:45pm	HOMESCHOOL	_____
SATURDAY	10:00-10:45	DANCE	_____
SATURDAY	11:00-11:45	PRODUCTION	_____
SATURDAY	12:00-12:45	TOTS-ADULTS & HOCKEY SKILLS	_____
WALK ON ANY CLASS		DATE: _____	_____

\*plus \$10.00 additional processing fee if IDEA or Copper River to be billed by SSC or Grade Reporting to be required of SSC.

PLEASE CHECK ONE OF THE FOLLOWING LEVELS IF KNOWN\*

(if just beginning or unaware of skating level, student will be evaluated during first class session and placed in group with relation to ability and age)

<input type="checkbox"/> TOTS(2 1/2 -5yr)LEVEL	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> PRE-ALPHA	<input type="checkbox"/> ALPHA
<input type="checkbox"/> BETA	<input type="checkbox"/> GAMMA	<input type="checkbox"/> DELTA	<input type="checkbox"/> FREESTYLE LEVEL
<input type="checkbox"/> ADULT	<input type="checkbox"/> POWER	<input type="checkbox"/> WALK-ON	

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NOTE: If you wish to continue lessons you must re-register for each semester.

**ASSUMPTION OF RISK AND RELEASE  
LEARN TO SKATE WARNING AND NOTICE**

**SKATING HAZARDS:** ice-skating (particularly in Learn to Skate classes) is a potentially hazardous activity. I understand that the inherent risks of ice skating include but are not limited to musculoskeletal sprains, strains breaks, or other injuries, physical disability, blindness and even death in conjunction with or as the result of falling, colliding with, on or into other skaters, the ice, rink doors, entryway, rink boards, rink supports, benches or bleachers, tripping or falling or having skates caught on or in holes, cracks or rough surfaces in or on the ice surface, rink doors or areas of ingress or egress in to the rink

**INSURANCE:** I understand no form of insurance is provided to or for participants.

**DUTY OF INSPECTION:** Each participant has the responsibility to

inspect the ice, goals, boards and bench areas (to including doors) before each activity, or other use of the rink and or ice in order to familiarize their self to the existing facility conditions. Any defects should be immediately brought to the attention of the appropriate Sports Center personnel.

**PROHIBITIONS:** Participants are prohibited from- racing or roughhousing or any conduct which endangers persons or property. Participants are prohibited from participating in Learn to Skate while under the influence of alcohol or drugs.

**PARTICIPATION:** Except for rental skates, each participant is responsible for the amount, kind, make and quality of personal skating equipment worn by the participant.

I \_\_\_\_\_ waive, release, and forever discharge the City of Soldotna dba. Soldotna Sports Center, (SSC) and the Ice skating Institute (ISI) the employees, agents, members, sponsor promoters and affiliates whosoever from any and all liability claim loss cost or expense during from or attributable in any legal way to any action or omission to act of any such person or organization in connection with sponsorship organization or execution of the SSC Learn to Skate Program, this includes travel to and from SSC Learn to Skate Program Classes or any of said program, practices and or -rehearsals in which I or my child may participate.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Punch Card Received: \_\_\_\_\_

Pro-Rated: Y \_\_\_ N \_\_\_ # Lessons: \_\_\_\_\_ Coupon: \_\_\_\_\_ -Walk-onSkate Rental: \_\_\_\_\_ Emp. In.: \_\_\_\_\_