



CITY OF FARMINGTON HILLS ICE ARENA  
LEARN TO SKATE

SESSION #4

7 Weeks

Saturday, January 5 – Monday, February 25, 2019

**NO CLASSES – Monday 1/14 - Saturday, 1/19 - Sunday, 1/20 - Monday, 2/11**

Discounted registration through December 31<sup>st</sup>

Master Book	_____
RecTrac	_____
Date	_____
USFSA Entered	_____

**REGISTRATION & LIABILITY WAIVER FORM**

Registration for classes will be accepted on a first come, first serve basis. Classes must meet the minimum enrollment requirements or they will be subject to cancellation. **NO SWITCHING days once registered. NO Refunds.**

SKATER'S REGISTRATION INFORMATION - Please print clearly

Male [ ] Female [ ]

Skater's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ Class Level: \_\_\_\_\_ Program #: \_\_\_\_\_ - \_\_\_\_\_

**\*\*Additional Class Discount – Sign-up for 2 classes per skater, per session, and get ½ off the 2<sup>nd</sup> class.**

ADDITIONAL CLASS CHOICE:

Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ Class Level: \_\_\_\_\_ Program #: \_\_\_\_\_ - \_\_\_\_\_

HOUSEHOLD INFORMATION - **MUST BE COMPLETED.** Please print clearly.

PARENT/GUARDIAN:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Ph: ( ) \_\_\_\_\_ Other Ph: ( ) \_\_\_\_\_ Other Ph2: ( ) \_\_\_\_\_

EMERGENCY CONTACT (Other than listed above)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Ph: ( ) \_\_\_\_\_ Other Ph: ( ) \_\_\_\_\_ Other Ph2: ( ) \_\_\_\_\_

Michigan State Law requires all parents/guardian sign a concussion form.  
Have you signed a concussion information form with FHIA as of 9/1/2014? Yes \_\_\_ No \_\_\_

CITY OF FARMINGTON HILLS ICE ARENA  
35500 W. 8 Mile Road, Farmington Hills, MI, 48335  
PHONE: 248-478-8800 FAX: 248-478-7360  
[fhice.com](http://fhice.com)



**RELEASE & LIABILITY WAIVER**

In consideration of being allowed to participate in any way in Farmington Hills Ice Arena (FHIA) programs, related events and activities, the undersigned acknowledges, appreciates and agrees that: 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist; and 2) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately; and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FHIA, City of Farmington Hills, its elected officials, officers, employees, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: \_\_\_\_\_ Participants Signature: \_\_\_\_\_  
*REQUIRED* (Guardian signature for minors)

**PHOTO/VIDEO AUTHORIZATION** – By signing below and submitting this registration, I hereby give my consent for the City of Farmington Hills to use, without compensation to me or anyone else, photographs and video and audio recordings of myself and my minor children, if any, participating in the events, activities, programs and classes identified above the future City of Farmington Hills community brochures, newsletters, flyers, advertising, City-sponsored website postings, and local cable channel programming.

Date: \_\_\_\_\_ Participants Signature: \_\_\_\_\_  
*OPTIONAL* (Guardian signature for minors)

<b>7 WEEK CLASS FEES</b>	<b>6 Week Class Fees Monday Freestyle Class</b>
<b>Early Registration Fee (through Dec. 31)</b> Resident - \$85.00 Non-Resident - \$90.00	<b>Early Registration Fee (through Dec. 31)</b> Resident - \$75.00 Non-Resident - \$80.00
<b>Registration Fee (starting Jan. 1)</b> Resident - \$95.00 Non-Resident - \$100.00	<b>Registration Fee (starting Jan. 1)</b> Resident - \$85.00 Non-Resident - \$90.00

**Skaters currently enrolled in Learn to Skate classes qualify for the Early Registration Fee through December 31<sup>st</sup>**

**FAMILY DISCOUNT:** 1<sup>st</sup> skater paid at regular price, \$5 off each additional skater from the same household.  
 \*Additional skater must reside in same household and must register for the same session as the 1<sup>st</sup> skater.

**ADDITIONAL CLASS DISCOUNT** – Register for 2 classes per skater, per session, and get ½ off the 2<sup>nd</sup> class.

	<u>Price of Class</u>		<u>Additional Class</u>		<u>Total</u>
<b>Please Select One:</b>					
<b>FH Resident</b> [ ]	_____	+	_____	=	_____
<b>Non-Resident</b> [ ]	_____	+	_____	=	_____

CASH  CHECK  # \_\_\_\_\_ **MAKE CHECKS PAYABLE TO: City of Farmington Hills.**  
 Check or money order must equal exact amount of this registration. Returned check fee: \$30.00.

<b>AMEX/DISCOVER/ MC/VISA:</b>	Exp. Date: _____ / _____	V Code: _____
x x x x - x x x x - x x x x - x x x x	MM/YY	
<b>MUST BE SIGNED IF CHARGING: X</b> _____		
<i>I agree to pay the above total, according to the card agreement.</i>		