



IN-LINE HOCKEY CENTER SPRING 2008 HOCKEY CLASS REGISTRATION FORM



NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT'S NAME(S): _____

E-MAIL ADDRESS: _____

EMERG. CONTACT: _____ EMERG. PHONE: _____

CLASS: _____

METHOD OF PAYMENT: CASH ___ CHECK ___ CHECK # _____ CREDIT: _____

TOTAL PAYMENT: \$ _____

VISA/MC NUMBER: _____

EXP DATE: ____/____/____ CSC#: ____/____/____

NAME ON CARD: _____ SIGNATURE: _____

RELEASE AND INDEMNITY:

I, the parent or guardian, of _____ am fully aware of the risks inherent in the game of in-line hockey and hockey schools. I will not hold the Inline Hockey Center, its instructors, employees, associates or affiliates responsible or liable for any accidents that occur during this hockey program. I furthermore give my consent and authorize the Inline Hockey Center to seek medical attention and treatment for my child in the event of an injury.

Signature of Parent or Guardian: _____ Date: ____/____/____

The Inline Hockey Center reserves the right to reschedule or cancel any programs based on enrollment.

SPRING CLASSES	CLASSES	DAY & TIME	DATES
	Child Beginner Skate	Monday - 4:30 PM	Spring: 4/21, 4/28, 5/5, 5/12, 5/19
	Learn to Skate	Monday - 5:30 PM	Spring: 4/21, 4/28, 5/5, 5/12, 5/19
	Learn To Play Hockey	Tuesday - 5:00 PM	Spring: 4/22, 4/29, 5/6, 5/13, 5/20

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