



**2020 Learn to Skate
Monday night
August 31-5 October 2020**

Please fill out ALL information requested below.

SKATER NAME: _____ GENDER _____ AGE: _____ DOB: _____
 PARENT/GUARDIAN NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____ STATE: _____ ZIP: _____
 EMAIL ADDRESS: _____
 SKATER MEDICAL ISSUES/CONCERNS: _____

Please check one: Returning skater _____ New skater _____

Monday evenings	6:30pm-7:15pm
5 weeks	\$50.00 +\$20.00 ISI

**All ISI memberships are valid 1 September 2020 – August 31st 2021*

For skater's guardian/skater:

I hereby release the ISI, the Harry J. McDonald Memorial Center, the Municipality of Anchorage and their directors, instructors and personnel from all liability. I declare that the information above is true. I hereby agree to pay all lesson fees prior to the first day of class and understand that all fees are non-refundable, unless a medical issue arises and a doctor's release is provided. I do hereby grant and give the ISI and the arena the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes.

If under 18, parent's signature: _____ **Date:** _____
If over 18, skater's signature: _____ **Date:** _____

OFFICE USE ONLY

Class fee: \$50.00
 ISI membership: \$20.00 / \$0 - current
 Sibling discount: _____

Total Due: _____
 Date Paid: _____ cash check cc
 Employee's initials: _____