



50625 Van Dyke Avenue
Shelby Twp., MI 48317
(586) 731-5006
www.thenewrink.com

Date Paid: _____
Emp: _____
\$\$ Paid: _____
Method: _____

FAMILY BEGINNER SKATING LESSONS

Class Fee: Saturdays or Thursdays \$60

DAY OF CLASS	SESSION #	START DATE
NAME		
ADDRESS	CITY	ZIP
PHONE	DATE OF BIRTH	AGE

CONSENT & LIABILITY WAIVER:

The undersigned applicant having knowledge of the physical risks involved in instructional skating programs, waive any claim I (we) have for myself (ourselves) and the Applicant for any injuries sustained during the course of my instructional skating sessions. I (we), further release The New Rink and its' employees and affiliates from all claims for damages or liability resulting from the Applicant's activities.

In addition, the undersigned hereby authorizes that in the event of a sustained injury; the Program Director or his/her assistants may secure temporary and emergency care.

REFUND POLICY: *There are NO refunds, make up classes or credits given for this class.*

SIGNATURE (of parent if participant is a minor)	DATE
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