

# Registration Form

Please indicate Day, Time, and Class/Level you are registering for by placing a check in the appropriate box.

## Wednesday 5:30-6:10 PM

Snowplow Sam 1	Basic 4
Snowplow Sam 2	Hockey 1
Snowplow Sam 3	Hockey 2
Basic 1	Hockey 3
Basic 2	Hockey 4
Basic 3	Adult

## Wednesday 6:20-7:00 PM

Basic 1	Basic 5
Basic 2	Basic 6
Basic 3	Pre-Free Skate
Basic 4	Free Skate

## Saturday 10:45-11:25 AM

Snowplow Sam 1	Basic 4
Snowplow Sam 2	Hockey 1
Snowplow Sam 3	Hockey 2
Basic 1	Hockey 3
Basic 2	Hockey 4
Basic 3	Adult

## Saturday 11:30-12:10 PM

Basic 1	Basic 5
Basic 2	Basic 6
Basic 3	Pre-Free Skate
Basic 4	Free Skate

Please Circle which session you are registering for:

Session 1 January 4 – February 11

Session 2 February 15 — March 25

Session 3 April 5 – May 20  
-No class May 3 or May 6

Please make check payable to:  
CENTER ICE SPORTS COMPLEX  
8319 Port Jackson Ave. NW North Canton, Oh 44720  
(330) 966-0169 (330) 966 9121 Fax  
www.centericesports.net

PLEASE PRINT CLEARLY

Skater Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

St: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Skating Level Passed: \_\_\_\_\_

### WAIVER FORM

In consideration of being allowed to participate in any way in Center Ice Sports Complex (CISC) 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) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES 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 instructor immediately; and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS CISC, INC., their officers, instructors, agents, and/or employees, 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 RELEASES 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.

I grant CISC to use my, or my child's image in it's media releases, publications, website and/or other presentations. I understand that names will not appear with picture to individually identify, unless approved by me in advance.

Participant's Signature and date signed \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE  
(Under Age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns and next of kin, I do also release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/Guardian's signature and date signed \_\_\_\_\_