

Chaparral Ice Centers

Class & League Registration

*Class re-enrollees only need to fill out the rows with stars in the left margin.

Learn To Skate
 Figure Skating
 Hockey Classes
 Hockey Leagues

PARTICIPANT INFORMATION

*	Participant's Name	Day Phone	Evening Phone
*	Email	Date of Birth	
*	Parent/Guardian Name (if a minor)		
	Street Address	City	Zip Code

HOCKEY LEAGUE INFORMATION

Season: Fall/Winter / Spring / Summer	Youth / Adult	Division:	League Fee:	Full Pay / EFT
ADULT LEAGUE - If not a current Chaparral League player, describe previous playing experience:				

* All hockey participants must register annually with USA Hockey before participating in programs at Chaparral Ice.

CLASS REGISTRATION INFORMATION

	CLASS NAME	CLASS DAY	CLASS TIME	MONTH	COST
*					
TOTAL					

Liability Waiver - Ice Skating, hockey, and other ice sports and the use of rental equipment for ice skating and other ice sports involve certain inherent risks, dangers and hazards, which can result in serious personal injury. The skater/participant and/or the participant's parent or legal guardian assume and accept all risk of personal injury while in the Chaparral facility. At all times the skater/participant and/or the skater's/participant's parent or legal guardian shall be fully liable for personal injury and property damage incurred while on the premises. And, the skater/participant and/or the skater's/participant's parent or legal guardian agree to hold Chaparral, its officers, agents and employees harmless against any and all liability for claims, demands and causes of action asserted against Chaparral arising from skater's/participant's use of the facilities or otherwise, upon the premises.

I have read, understand and agree to abide by all statements above.
 I have received, read and agree to the Terms and Conditions for all Chaparral Ice programs and services.

* Participant's (or Parent/Guardian's) Signature _____

BELOW TO BE FILLED OUT BY CASHIER

Date Received	Cashier Name	Method of Payment	Total Fees:
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CREDIT CARD PAYMENT INFORMATION (if faxing or mailing in form)

Credit Card #	Exp. Date	Total Fees:
Name on Card	Customer Signature	

By signing above, I authorize Chaparral Ice to charge to my credit card the total fees for the above listed classes/leagues.