

Application for Group Lessons

Name of Participant _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Birth date _____ Email Address _____

PLEASE READ BEFORE SIGNING

Terms and Conditions of Agreement:

1. No refunds or credits will be issued for unused or missed skating classes, except for injury or extended sicknesses. Do not pay for a class you cannot attend.
2. In the event of injury or sickness to the student, a credit may be available for unused classes only upon receipt of a doctor's excuse. The doctor's excuse must show that, due to health reasons, the student is not capable of continuing the skating season. Absolutely no credits will be issued without a written doctor's excuse.
3. Classes may be cancelled by the Sierra Providence Events Center due to extenuating circumstances.
4. Photo/video and audio recording release: photos, video and audio recordings will be recorded at various times during the season for various uses, including, but not limited to, bulletin boards, brochures, advertisements, web sites and news stories.
5. Students assume the risks of skating: the student and parent or guardian agree that the Sierra Providence Events Center, the El Paso County Coliseum, El Paso Sports Commission, El Paso Hockey Association, Sun City Blades Figure Skating Club, their respective employees, staff, volunteers and coaches are not responsible for injury to the student or for loss or damage to any personal property. Skaters are responsible for their actions on the ice.

I have read and understand the above terms and conditions.

Participant's Signature _____

Parent/Guardian Signature _____
(If participant is under 18)

Date _____