



**LEARN TO SKATE/LEARN TO PLAY  
REGISTRATION FORM  
December 2016**

Student (M  F ) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Bus  or Cell ) \_\_\_\_\_

**\$130.00\* FOR 13 WEEK SESSION/\$15 drop in!**

**Saturdays**

**8:30am-9:30am**

**December 3, 10, 17, 24, 31**

**January 7, 14, 21, 28**

**February 4, 11, 18, 25**

**\* 3 Free Public Skate Passes will be given when payment is made in full**

**\* Each additional child receives a discount of \$5.00 on drop-in price or \$13.00 on package price**

Cash       Check (payable to Revolution Ice Centre)

Visa/Mastercard CC # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ SIC: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER:** I agree to waive liability and release any and all claims against PIIR, LLC, owner of Revolution Ice Centre, its officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and responsibility for all losses and damages incurred as a result of my and/or my children's participation in these activities. I will abide by the Facility's rules, and agree that the Facility's staff may require the withdrawal from any session of any skater who violates the Rules.

Signature of Parent/Guardian/Applicant \_\_\_\_\_ Date \_\_\_\_\_

12 Old Boston Road      Pittston, PA 18640      (tel.) 570-883-1100      (fax) 570-883-4526  
www.revolutionicecentre.com

**Ages 5 and up      Skate Rental Included**

**Children under age 7 are required to wear a helmet during lessons**