



**LEARN TO SKATE  
REGISTRATION FORM  
AUGUST 2018**

**PLEASE PRINT CLEARLY**

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

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

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

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

**\$ 30.00\* FOR 3 WEEK SESSION/\$20 drop in!**

**Saturdays  
8:30am-9:30am  
August 11th, 18th and 25th**

**\* 2Free Public Skate Passes will be given when payment is made in full for a 3 week session**

**\* Each additional child receives a discount of \$5.00 on drop-in 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

**LTS-Ages 3 and up      Skate Rental Available  
to a first come first serve basis  
All beginners are required to wear a helmet during lessons (bike, ski,  
skateboard and hockey helmets are acceptable)**