

Owens Center Skating School Group Lesson Registration Form

Skater's Name _____
 Parent/Guardian _____
 Day (circle one): M T W Th F S Time: _____
 Age: _____ Sex: M F Birth Date: ____/____/____
 Address: _____
 City/State/Zip: _____
 Email _____
 Phone: Day _____ Evening _____
 Fee Paid: \$ _____ Paid By: Cash _____ Check # _____
 MC/Visa/Discover # _____
 Exp Date ____/____/____

For Desk Attendant Use Only: Taken By: _____ Date: _____
 Class Description:
 SKATING STAR SUPERSKATES HOCKEY SKATER
 PRE-HOCKEY ADULT OTHER _____
 Resident Non-Resident
 Session: Session Dates: _____ Year: _____
 F1 F2 W SP S1 S2 S3 E1 E2
 1-SWD 2-SWD 3-SWD 4-SWD 5-SWD
 How did you hear about Owens Center? Radio ___ TV ___ Web ___
 Newspaper ___ Flier ___ Other _____

Peoria Park District Waiver

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in Park District brochures, publications, slide presentations, etc. I have read and fully understand the above Program Details and Waiver and Release of All Claims as well as the "Registration Regulations" as listed on the opposing page.

Participant/Parent Signature _____ Date _____

Signature valid for one year from date of signing for all Owens Center classes.

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