LEARN TO ICE SKATE CLASSES

Open to athletes in the YMCA Challenger program, Special Olympics and other Special needs organizations.

Athletes Name_____ Age_____

Parent / Guardian _____

Email address _____Phone _____

Daytime / Evening

Address

_____

Street City State Zip code

Are there any special instructions concerning the athlete that will help us instruct him/her?

_____

_____

_____

Release of Claims: In consideration of the acceptance for entry into the Line Creek Ice Arena lesson program, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I (my child) may have or which may occur to me as a result of participation in the Line Creek program. This release is intended to discharge in advance the Line Creek Ice Arena, City of Kansas City Missouri and their employees and volunteers from and against liability arising out of or connected in any way with my (my childs) participation in the Line Creek lesson program. I further understand that serious accidents do occur during ice skating. Knowing this, nevertheless, I hereby agree to assume these risks and release all persons mentioned above who might be liable to me or my child for damages

Parent /Guardian Signature (if under 18 years of age)

_____

Participants signature (if 18 years of age or older)

_____

KC Parks

Kansas City Illusion Synchronized Skating Teams

Line Creek Figure Skating Club