

Annual Holiday Ice Show Registration

Registration Opens: Saturday, November 11, 2017

Registration Closes: Wednesday, November 22, 2017

Tickets will go on sale beginning Saturday, December 2, 2017

Skater's Name: _____ Skater's Age: _____

Parent Name: _____

Parent Phone Number: _____

Parent Email Address: _____

My skater is currently enrolled in this class: _____

My skater wishes to participate in the following group numbers:

_____ (\$20) **Basic Skills** (Tot, Pre-Alpha, Alpha, Beta, Gamma-Delta, Pre-Hockey)

_____ (\$20) **Freestyle** (Freestyle 1-10)

_____ (\$20) **Ice Dancing**

_____ (no charge) **Arctic Snowflakes Synchronized Skating Team**

_____ (no charge) **Currier & Ives**

_____ (\$15/skater) **Solo**

Preferred song selection: _____

Kristan will confirm if your skater is approved for this selection.

_____ (\$15/skater) **Duet**

Partner Name: _____

Preferred song selection: _____

Kristan will confirm if your skater is approved for this selection.

_____ (\$15/skater) **Ensemble**

Group Participants: _____

Preferred song selection: _____

Kristan will confirm if your skater is approved for this selection.

Amount Due: _____ Total amount from above selections (please add amount for each line checked)

_____ \$15 ISI Membership Fee (If skater is not enrolled in our LTS program)

_____ Optional In-the-Boot Tights 3395: Youth \$15; Adult \$18

Total Paid: _____

YOUR REGISTRATION IS NOT COMPLETE UNTIL YOU SIGN THE WAIVER ON THE BACK OF THIS FORM.

WAIVER

In Consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and, The Lou & Gib Reese Ice Arena Staff & Coaches understand that your child comes to us with unique experiences, learning styles, and interests. Our Coaches' and Staff's goal is to get to know each child and use this knowledge to teach, guide and support him or her. We believe that good teaching requires continual professional development, personal reflection, and collaboration. Our Coaches and Staff value parental involvement and encourage parents to partner with our team to give your child the most rewarding and FUN learning experience possible.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE Lou & Gib Reese Ice Arena, Newark Sports and Events Commission, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

In addition: _____ I give _____ I do not give permission for my child to be photographed and that photograph to be used in Arena promotion and advertising.

FOR PARTICIPANTS OF MINORITY AGE (Under Age 18 at time of registration) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin, I do also release and agree to indemnify the Releasees from any and all liabilities to my minor child's involvement or participation.

Participant's or Parent / Guardian Signature



Lou & Gib Reese Ice Arena 936 Sharon Valley Rd. Newark, OH 43055 740-349-6784 www.reeseicearena.com