

SPEED SKATING CLINIC

Instructor: Michael Keye-Schuler

AGES: 10 to Adult

WHEN: Nov. 24th, Nov. 30th, Dec. 1st

FEES: \$15.00 per hour, \$35 for all 3 hours

Skill Level: All Abilities Welcome (helmets required)

Limited Space: First come First Served



Registration form

SESSION DATES - NO REFUNDS		
<input type="checkbox"/> Sunday Nov 24th 10:30am-11:30am	<input type="checkbox"/> Saturday Nov 30th 1:00pm-2:00pm	<input type="checkbox"/> Sunday Dec 1st 10:30am-11:30am
PLAYER INFORMATION		
Full Name:	Shoe Size:	<input type="checkbox"/> M <input type="checkbox"/> F DOB ____/____/____
Mailing Address:		
City:	State:	Zip Code:
Home Phone: ()	Work Phone: ()	Email Address:
EMERGENCY CONTACT INFORMATION		
Contact Name	Contact Number ()	Contact Email
WAIVER & RELEASE		
I recognize that the activity for which I am registering myself involves a risk of injury and in consideration of your accepting my registration. I waive and release any and all rights and claims for damages I may have against the city and Borough of Juneau, its employees and agents, for any and all injuries suffered by me while participating in this activity unless such injury is caused by gross neglect of the City and Borough of Juneau or its employees or agents.		
Signature Participant 18+ / Parent / Guardian		Date
PAYMENT INFORMATION		
CHECK BOX BELOW		<i>OFFICE USE ONLY</i>
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa	DATE RECEIVED:	
CREDIT CARD # :	TOTAL AMOUNT PAID:	
EXPIRATION DATE:	3 digit security code:	RECEIPT #:
NAME ON CARD:	STAFF INITIALS:	
CARD HOLDERS SIGNATURE:	1 Hour \$15.00= ____ . 2 Hours \$30.00= ____ . 3 Hours \$35.00= ____ .	

SIGN UP TODAY! SPACE IS LIMITED!

Mailing Address: Treadwell Ice Arena 105 Savikko Rd. Douglas, Alaska 99824

Phone (907) 586-0410 Fax (907) 586-4540

