

# Kingsgate's "Learn to Skate" Registration Form

Classes fill quickly. Register today to ensure your space in class.

➔ This form is required for every child skater and adult skater in every Learn to Skate class. You must complete the entire form before you can attend a Kingsgate Learn to Skate class.

**Date of series:** \_\_\_\_\_

Day (check one or two if attending two classes per week):

\_\_\_ Monday PM (ages 5 to adult)      \_\_\_ Friday PM (ages 5 to adult)

\_\_\_ Tuesday AM (ages 3½ to adult, including preschoolers and home schooled)

All classes are 7 weeks, Tuition \$108.00      Register one person for Two classes per week, Tuition \$190.00  
(You save \$26.00)

We accept cash or check    We do not accept credit cards at this time

Complete the following even if you have taken a Learn to Skate class at Kingsgate before.

Name \_\_\_\_\_ Male/Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_(month/date/year)

Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone \_\_\_\_\_ Work or cell phone \_\_\_\_\_

**Email (Required for confirmation)**

Yes, I would like to receive the Kingsgate Arena Newsletter

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

I/We the parents of \_\_\_\_\_ do hereby give my/our consent to any authorized physician to perform such medical services as may be necessary because of my/our son or daughter in the Kingsgate Arena activities. I/We do further release, absolve, indemnify and hold harmless the ice arena, officers, board members, coaches, supervisors and any authorized physician, any or all of them. I/We hereby waive all claims against the aforementioned parties or any other persons appointed by them or any authorized physician. I/We understand the term "authorized physician" means not only our own physician listed below but any other licensed, practicing physician who is called to perform the required medical services.

- **Signature Required** (Parent/guardian if skater is less than 18 yrs.)

\_\_\_\_\_

- **I acknowledge there are no refunds or make ups for missed classes. (Please sign)**

\_\_\_\_\_

Skaters will be grouped by level and age. Groups with less than 5 may be moved to a different level

Have you taken lessons before? (Please circle.)      YES      NO

If so, what Basic Skills class level did you complete? (Please circle below.)

Basic 1    2    3    4    5    6    7    8    Freeskate \_\_\_\_\_ Other \_\_\_\_\_

What type of skating are you interested in? (Please circle.)    Figure skating    Hockey

## OFFICE USE ONLY

PAID : \_\_\_\_\_

CASH: \_\_\_\_\_

CHECK #: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

\_\_\_\_\_

**Mail this form and tuition check to:**

Kingsgate Ice Arena/Learn to Skate

14326 124th Ave. NE, Suite A  
Kirkland, WA 98034

**We do not accept credit cards**

← Classes fill up quickly!

← To reserve your space, pre-register today by sending in this form and your payment.

All registrations subject to class availability.  
Late registrations incur a \$20 late fee.