

Coral Ridge Ice Arena

Learn to play Hockey Registration

April 2 – May 21

Monday Nights 6:00 – 7:00

Cost: \$90 per player

Equipment provided with an \$90 refundable deposit

(Equipment must be returned at conclusion of class to receive refund)

Player Information:

Name: _____ Age: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Parent's Name: _____

Equipment Needed: Yes No Sized by: _____

Participant Waiver: Please read carefully and sign below. I, the undersigned participant, acknowledge and fully understand that each participant will be engaging in activities that will involve risk of serious injury, including permanent disability and/or death, and severe social and economic losses that might result not only from their actions, inactions or negligence, but the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not know to us or not foreseeable at this time. We also assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. I agree that prior to participation, I can inspect the facilities and equipment to be used, and, if I believe anything is unsafe, I will immediately advise their coach or supervisor of such condition(s) and refuse to participate. I release, waive discharge and covenant not to sue the Coral Ridge Ice Arena, Coral Ridge Mall and General Growth Properties, the affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct this event, all of which are hereinafter referred to as "releases," from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused, in whole or part by the negligence of the releases or otherwise. I agree that any portion of the document shall be held invalid under the laws of the State of Iowa, these parts that are not held invalid shall continue in full force and effect.

Parent's Signature: _____ Date: _____

Payment:

Amount: _____

Cash, check (payable to the Coral Ridge Ice Arena), Credit Card (Visa/MC)

Card Number: _____ Exp. Date: _____

Payment must be received by the start of the program



Coral Ridge Ice Arena
1451 Coral Ridge Ave
Coralville IA 52241
319-354-7870
www.coralridgeice.com

