

# Coral Ridge Ice Arena

## Learn to play Hockey Registration

Sept. 11 – Oct. 30

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

