

RANDALL SCHOOL OF ICE SKATING INC.

Skatelady10@yahoo.com

518-274-2392

Enrollment Application

I wish to enroll:

Please Print

Name: _____ DOB ___/___/___ Age: _____

Street: _____

City/State/Zip Code: _____

Parent Information:

Mothers Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Fathers Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

I.S.I. Test Passed: _____ Date Passed: ___/___/___

For a series of 5 lessons beginning ó ending Dates: ___/___/___ - ___/___/___

R.S.I.S. POLICIES

5 Week Sessions ó Fee \$125.00 (Prices are subject to change)

NO REFUNDS

All payments must be made in advance

Twenty-four (24) hour cancellation is required for all lessons

Only one lesson can be made up per semester, for illness only. All ómake-up lessonsö must Be taken the following week, at a time other than your regular lesson.

*Checks must be made payable to: **Randall School of Ice Skating, Inc.***

HOLD HARMLESS AGREEMENT

In consideration of your permitting my son or daughter to use your athletic and related facilities for any purpose whatsoever, I hereby covenant and agree with the Randall School of Ice Skating, the owners, employees and all persons engaged as instructors or administrators in any program in which my son or daughter may be a participant, to indemnify and hold harmless each and every one of these from and against all claims, liability, loss, cost, damage and expense which may arise out of, or in connection with, the use by my son or daughter of such facilities, including without limitations of claims he/she might have for personal injury to him/her so arising.

Date: ___/___/___

Parent/Guardian: _____

(Signature)