

# Learn To Skate Application

Clifton Park Ice Arena  
P.O. Box 5384  
Clifton Park, NY 12065  
518-383-5440      Learn to Skate 518-383-5440 ext 10  
ScottB@cliftonparkarena.com



**Sold To:** \_\_\_\_\_  
**Students Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone (Day):** \_\_\_\_\_ **(Night):** \_\_\_\_\_  
**Email 1:** \_\_\_\_\_  
**Email 2:** \_\_\_\_\_

Waiver (please read) : I acknowledge that this activity has potential dangers in it. In order to participate in this activity, I agree to hold the facility harmless and waive any right to make claims or lawsuits against the facility or anyone working on behalf of the facility for any injuries or damages related to the alleged negligence of the facility. This waiver does not apply to any injuries or damages that are result of any willful, wanton or intentional misconduct. My participation in this activity is voluntary and I understand the effect of this waiver on my legal rights. No Refunds.

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Emergency Phone Number:** \_\_\_\_\_

**Question: Have you ever ice skated?    \_\_\_\_\_ YES    \_\_\_\_\_ NO**  
**Question: If YES, what is your experience level?**

\_\_\_\_\_.  
**Question: Wednesday \_\_\_\_\_ or**  
**Saturday \_\_\_\_\_ (if available)**

**Remit check payable to: Clifton Park Ice Arena**