RON-A-ROLL REGISTRATION FORM – OCT/ NOV/ DEC 2024

CLASS SIZES ARE LIMITED. REGISTER EARLY TO SECURE YOUR SPOT.

Tuesday Night All Ages Learn to Skate Class*				<u>Saturday Afternoon Kids Learn to Skate Course</u>			
<u>Class</u> : Arrive at 6:30 PM and stay until 7:30 PM				<u>Class</u> : Arrive at 12:00 PM and stay until 1:00 PM			
Check-in/Skates on 6:30-6:45 PM Lesson: up to 45 minutes				Check-in/Skates on 12:00-12:15 PM			
Practice: Free admission included to the following skate session,				Instruction: 30 minutes or more; varies based on wkly activity			
7:30-10 Adult Skate Session (Ages 18+) -OR- Receive a pass to				<u>Practice</u> : Free admission included to the Saturday afternoon			
return to practice on Sa	turday 1-4 PM w	ithin the mont	h.	skate session t	hat follows the cl	ass from 1:00 - 4:00 PN	١.
10/1, 10/8, 10/15, 10	0/22, 10/29	\$80.00/5 w	eeks	10/5, 10/1	2, 10/19, 10/26	\$65.00/4 we	eks
11/5, 11/12, 11/19, 1				11/2, 11/9	, 11/16, 11/23, 11/	30 \$65.00/4 we	eks
12/3, 12/10, 12/17,	12/24 , 12/31	\$50.00/3 w		12/7, 12/1	4, 12/21, 12/28	\$65.00/4 we \$50.00/3 we	eks
(Drop-in Rate \$19/w		•				cepted after 1st cla	
Note: Please arrive on		•	_	•	•	•	
*Skaters learn <u>BASIC</u>		~		•		balancing, getting up	after fa
	For instruc	tions beyond b	pasic skills, as	k the instructor	about private less	ons.	
Student's Name				Phone	ຣ		
Address				Din+h	n Date	400	
Address				DII II	1 Date	Age	
City		State	Zip		If Applicable ~ Party Date:	B-DAY COMP	
Roller Skates: (Check		•				•	
			_	·	·	e completely filled out,	signed
and returned with po	•			• •		1. (
• •	•	•	•	t, knee pads, elb	oow pads and wrist	guards can be worn by	the
skater if this makes							
	•				•	owed on rink floor during	_
• You must be prepare	a to begin class					be permitted to partici	<u> </u>
Roller Skating Sports	Waiver	No refunds for m	nissed classes/N	make ups - Monthly	course fee must be po	aid in its entirety by 1st class	of month.
5 ,		s and fast mov	ing recreatio	nal and sports a	ctivities. By parti	cipating in this form of	
						erent to these activitie	
risk of bodily injury	arising from suc	ch an accident.	On occasion	, people may fal	l down or run into	one another, run into, c	ollide
				-		riers or dividers. These	
						of these hazards and bo	
· .	•	•	•		, ,	ot to Roller or Inline Sl	
	•			•	present at this fac	cility which arise from h	nazaras
inherent to Roller &	-				iataa and ataff fo	om any responsibility fo	n anu
•	•					ons, private lessons, club	•
activities and hocker	_	pai ricipation o	i activities c	ii kon-A-kon dai	my clusses, sessit	ms, privare lessons, ciui	,
		statement and	d I assume fi	ıll responsibility	for risk of injury	(to myself/my child).	
 For participants und 	•				• •		te in the
Ron-A-Roll Skate Co	-	•					
							
Signature (Self for Adul	t Class or Paren	t/Guardian)	Ron-	A-Roll Agent		Before entering the f	facility,
					SCA	N HERE please complete waiv SKATERS & NON-SKA	
Deint Name			N-4-			ALL AGES.	TILITO.
Print Name			Date		Datum Da-	istnation Form:	
Email Address:					~Email: ron	istration Form: aroll.events@gmail.co	m
		Norte		*			
	ee Initials	NOV 202		ee Initials	_ DEC 2024	Employee Initials	
Payment \$	Date:	Payment \$		Date:	Payment \$	Date:	

Cash / CC

Cash / CC

Entered into POS_

Entered into POS_

Cash / CC

Entered into POS_