

LEARN-TO-PLAY-HOCKEY

EARLY FALL 2014
August 11-October 11 (8 weeks)

ALL LOCATIONS: NO CLASS SEPT. 1-7 (LABOR DAY WEEK)

Registrations on or after August 10 will incur a \$10 administrative fee

Dublin Junior Jackets Schedule

CLASS	THUR	FRI	SAT	COST
Hockey Class, Ages 5-10	6:00-6:50 pm		11:00-11:50 am	\$ 135
Hockey Class, Ages 18+	7:00-7:50 pm			\$ 135
Jr. Stingers, Ages 4-5		1:30-2:20 pm		\$ 135

Easton Junior Jackets Schedule

CLASS	MON	WED	SAT	COST
Hockey Class, Ages 5-10		6:00-6:45 pm*	11:00-11:50 am	\$120* \$135
Hockey Class, Ages 11-17**			9:00-9:50 am**	\$ 135
Hockey Class, Ages 18+		6:50-7:35 pm*		\$120*
Jr. Stingers, Ages 4-5	1:30-2:20 pm			\$ 135

*Wednesday classes are 45 minutes and carry a reduced price.

**Ages 11-17 class moves to 10:00am beginning September 13.

North Junior Jackets Schedule

CLASS	TUES	FRI	SAT	COST
Hockey Class, Ages 5-10	6:00-6:50 pm		10:00-10:50 am	\$ 135
Jr. Stingers, Ages 4-5		10:30-11:20 am		\$ 135
Women's Hockey		9:30-10:30 am		\$ 135

Please Note: Registrations on or after August 10 will incur a \$10 administrative

EARLY FALL 2014 JUNIOR JACKETS ENROLLMENT

PARENT NAME:	PAYMENT METHOD:				
STREET:	MC	VISA	DISCOVER	CHECK	CASH
CITY:	CARD #:				
PHONE:	EXP DATE: NAME ON CARD:				
EMAIL:	3 DIGIT SECURITY CODE: AMOUNT:				
ADDITIONAL EMERGENCY CONTACT NAME/PHONE:	AUTH #:	DISC. APPLIED (circle one):			
	CHECK #:	DUB	COU		

HOW DID YOU HEAR ABOUT THE CHILLER?:

Skater #1 Name:	female / male	Age:	B-date:	
Class Name:	Day/Time:			
Location:	Dublin	Easton	North	Amount:
Skater #2 Name:	female / male	Age:	B-date:	
Class Name:	Day/Time:			
Location:	Dublin	Easton	North	Amount:

Accident/Liability Release: I, or my son/daughter or child over whom I have legal custody, wish to participate in Chiller classes/activities organized by Chiller LLC. I agree to release Chiller LLC, COLHOC Limited Partnership, OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries, from all claims, actions, causes of action or damages suffered by me or my son/daughter or child over whom I have custody for any loss or injury resulting from participation in the aforesaid classes/activities. I understand that by participating in a Chiller program, I or my child could be injured, die and/or suffer property damage. Regardless of any bodily injury, death or property damage sustained by me or my child from participating in a Chiller program, I agree not to sue, or allow others to sue on my behalf, Chiller LLC, COLHOC Limited Partnership, OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries. I further agree to indemnify and hold harmless Chiller LLC, COLHOC Limited Partnership, OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates, and/or subsidiaries, from all claims, actions, causes of action, or damages brought by me or on my child's behalf by any other party stemming from participation in any and all Chiller activities. **"BY ENROLLING IN THIS CLASS, YOU AGREE TO AND UNDERSTAND THE RIGHTS WAIVED HEREIN. BY AGREEING TO THESE TERMS, YOU MAY GIVE UP LEGAL RIGHTS."**

READY TO ENROLL?

Don't miss out-

**Register now online at:
TheChiller.com/register**

**Can't enroll this time? Next session:
Fall 2014: October 13 - December 13**

EMPLOYEE NAME:	_____	DATE:	_____
ENTERED IN BOOK:	_____	ENTERED IN COMPUTER:	_____
COMMENTS:	_____		