

# LEARN-TO-SKATE

## EARLY FALL 2014

Aug. 11-Oct. 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 EARLY FALL 2014

MON	6:00-6:40 pm	Parent w/ Child \$130	Adult 1-4 \$115	Stinger 1-3 \$115	Basic 1-3 \$115	Advanced Stinger \$115
	6:45-7:25 pm	Basic 1-8 \$115	Freeskate 1-6 \$130			
FRI	10:00-11:00 am	Parent w/ Child \$100	Stinger 1-3 \$100	Basic 1-8 \$100	Freeskate 1-6 \$100	
SAT	10:00-10:40 am	Basic 4-8 \$115	Freeskate 1-6 \$130			
	10:45-11:25 am	Parent w/ Child \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Adult 1-4 \$115	

### EASTON EARLY FALL 2014

THUR	6:00-6:40 pm	Parent w/ Child \$130	Stinger 1-3 \$115	Advanced Stinger \$115	Basic 2-5 \$115	
	6:45-7:25 pm	Basic 1-3 \$115	Basic 6-8 \$115	Freeskate 1-6 \$130	Adult 1-4 \$115	
SAT	10:00-10:40 am	Parent w/ Child \$130	Stinger 1 & 3 \$115	Basic 1-3 \$115		
	10:20-11:00 am	Basic 4/5 \$115	Basic 6-8 \$115	Freeskate 1-6 \$115	Adult 1-4 \$115	

### NORTH EARLY FALL 2014

MON*	10:00-11:00 am	Parent w/ Child \$100	Stinger 1-3 \$100	Basic 1-8 \$100	Freeskate 1-6 \$100	
WED	6:00-6:40 pm	Parent w/ Child \$130	Stinger 1-3 \$115	Advanced Stinger \$115	Basic 1-3 \$115	Freeskate 1-6 \$130
	6:45-7:25 pm	Basic 1-8 \$115	Adult 1-4 \$115	Freeskate 1-6 \$130		
SAT	10:00-10:40 am	Basic 1 \$115	Basic 4-8 \$115	Freeskate 1-6 \$130	Adult 1-4 \$115	
	10:45-11:25 am	Parent w/ Child \$130	Stinger 1-3 \$115	Basic 1-3 \$115		

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

## EARLY FALL '14 LEARN TO SKATE 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 NUMBER:	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:	Level:	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.\*\***

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

Ready to enroll? Visit <http://theChiller.com/register> today!  
Can't enroll this time? Next session: Fall 2014: October 13-December 13.