LEARN-TO-PLAY HOCKEY

WINTER 2015

January 5-February 28 (8 weeks)

Registrations on or after January 4 will incur a \$10 administrative fee

Dublin Junior Jackets Schedule

	WED	THUR	FRI	SAT	COST
Hockey Class, Ages 5-10		6:00-6:50pm		11:00-11:50am	\$135
Hockey Class, Ages 18+		7:-00-7:50pm			\$135
Jr. Stingers, Ages 4-5			1:30-2:20pm		\$135
Hockey Skating 1	6:00-6:40pm	NEW!			\$115

Easton Junior Jackets Schedule

	TUES	WED*	THUR	SAT	COST
Hockey Class, Ages 5-10		6:00-6:45pm*		11:00-11:50am	\$120*/\$135
Hockey Class, Ages 11-17				10:00-10:50am	\$135
Hockey Class, Ages 18+		6:50-7:35pm*			\$120*
Jr. Stingers, Ages 4-5			1:30-2:20pm		\$135
Hockey Skating 1	6:00-6:40pm	NEW!			\$115

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

North Junior Jackets Schedule

	IUES	FKI	SAI	COST
Hockey Class, Ages 5-10	6:00-6:50pm		10:00-10:50am*	\$135/\$118*
Jr. Stingers, Ages 4-5		10:30-11:20am**		\$118**
Women's Hockey		9:30-10:30am**		\$118**
Hockey Skating 1			10:00-10:40am	\$115

*No Saturday Hockey Class (ages 5-10) on Jan. 17. Class price reduced to reflect the shortened session.
**No Friday classes Feb. 27. Class price reduced to reflect the shortened session.

Please Note: Registrations on or after January 5 will incur a \$10 administrative fee

WINIER	2015 JUNIOI	R JACKE	TS ENL	ROLLN		
Parent Name:			Pa	ayment Method	d:	
Street:		MC	Visa	Discover	Check	Cash
City:	ZIP:	Card #:				
Phone:	ALT#:	Exp Date:	N	ame on Card:		
Email:		3 Digit Secu	rity Code:	Am	ount:	
Add'l Emergency Contact Name/Phone #:		Auth #:		Di	sc. Applied	d (circle one):
		Check #:			DUB	COUPON
How did you hear about the Chi	ller?					
Skater #1 Name:		female / male	Age	e: B-da	te:	
Class Name:		Day/Time:				
Location: Dublin	Easton		North	Amo	unt:	
Skater #2 Name:		female / male	Ago	e: B-da	te:	
Class Name:		Day/Time:				
Location: Dublin	Easton		North	Amo	unt:	

READY TO ENROLL?

Don't miss out!

Register now online: www.TheChiller.com/register

Can't enroll this time? Next session: Early Spring 2015 - March 9-May 2, 2015 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, Ohio-Health 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:		