

LEARN-TO-SKATE

FALL 2014: Oct. 13 - Dec. 13 (8 weeks)

Registrations on or after October 12 will incur a \$10 administrative fee

ALL LOCATIONS: NO CLASS NOVEMBER 24-29 (THANKSGIVING WEEK)

DUBLIN FALL 2014

MON	6:00-6:40pm	Parent/Tot \$130	Stinger 1-3 \$115	Advanced Stinger \$115	Basic 1-3 \$115	Adult 1-4 \$115
	6:45-7:25pm	Basic 3-8 \$115	Freeskate 1-6 \$130			
WED	6:00-6:40pm	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Hockey Skating 1 \$115	NEW!
	6:45-7:25pm	Basic 4-8 \$115	Freeskate 1-6 \$130	Adult 1-4 \$115		
FRI	10:00-11:00am	Parent/Tot \$100	Stinger 1-3 \$100	Basic 1-8 \$100	Freeskate 1-6 \$100	
SAT	10:00-10:40am	Basic 3-8 \$115	Freeskate 1-6 \$130			
	10:45-11:25am	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-2 \$115	Adult 1-4 \$115	

EASTON FALL 2014

TUES	10:00-11:00am	Parent/Tot \$100	Stinger 1-3 \$100	Basic 1-8 \$100	Freeskate 1-6 \$100	
	6:00-6:40pm	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Hockey Skating 1 \$115	NEW!
	6:45-7:25pm	Basic 1-8 \$115	Freeskate 1-6 \$130			
THUR	6:00-6:40pm	Parent/Tot \$130	Stinger 1-3 \$115	Advanced Stinger \$115	Basic 1-3 \$115	
	6:45-7:25pm	Basic 1-8 \$115	Adult 1-4 \$115			
SAT	9:15-9:55am	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115		
	10:00-10:40am	Basic 1 \$115	Basic 4-8 \$115	Adult 1-4 \$115	Freeskate 1-6 \$130	

NORTH EARLY FALL 2014

MON	10:00-11:00 am	Parent/Tot \$100	Stinger 1-3 \$100	Basic 1-8 \$100	Freeskate 1-6 \$100	
	6:00-6:40pm	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115		
	6:45-7:25pm	Basic 1-8 \$115	Freeskate 1-6 \$130			
WED	6:00-6:40 pm	Parent/Tot \$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		NEW!
SAT	10:00-10:40 am	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Freeskate 1-6 \$130	Hockey Skating 1 \$115
	10:45-11:25 am	Basic 1 \$115	Basic 4-8 \$115	Adult 1-4 \$115	Freeskate 1-6 \$130	

PLEASE NOTE: Registrations on or after October 12 will incur a \$10 administrative fee

FALL 2014 LEARN TO SKATE ENROLLMENT

Parent Name:		Payment Method:			
Street:		MC	Visa	Discover	Check Cash
City:	Zip:	Card #:			
Phone:	Alt #:	Exp Date:		NAME ON CARD:	
Email:		3 Digit Security Code :		Amount:	
Add'l Emergency Contact Name/Phone #:		Auth #:		Disc. Applied (circle one):	
		Check #:		DUB	COUPON
How did you hear about the Chiller?					
Skater #1 Name:		female / male	Age:	B-date:	
Skater #1 Category/Goal (circle one):		Recreational Skater	Figure Skater	Hockey Player	Speed Skater
Class Name:	Level:	Day/Time:			
Location (circle one):	Dublin	Easton	North	Amount:	
Skater #2 Name:		female / male	Age:	B-date:	
Skater #2 Category/Goal (circle one):		Recreational Skater	Figure Skater	Hockey Player	Speed Skater
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: Winter 2015: January 5-February 28, 2015.