



# LEARN TO ICE SKATE



#funatkpr

Session 1: December 5 -14  
 Session 2: January 9 -18  
 Session 3: January 23 - February 1  
 Session 4: February 6 - 15

Ages: 4+  
 Days: Tuesdays & Thursdays (four lessons per session)  
 Times: 3:50-4:15 pm or 4:20-4:45 pm (both levels offered at either time)  
 Cost: \$51 per session (Includes skate rental. Must provide own helmet)  
 Location: Woodland Ice Center  
 Info: Phone: 758-7717 Fax: 758-7719 E-Mail: mfreidline@kalispell.com

## LEVEL 1 (Ice Cubes):

Children who have never had lessons before or who need help marching across the ice. Must provide helmet.

## LEVEL 2 (Snowflakes):

Children who are beginning to push, glide and beginning to wiggle backwards. Must provide helmet.

## LEARN TO SKATE 2017-18 REGISTRATION

**Circle Session(s):**      **Session 1**      **Session 2**      **Session 3**      **Session 4**  
**Circle Level:**              **Level 1**                      **Level 2**  
**Circle Preferred Time:**      **3:50-4:15 pm**              **4:20-4:45 pm**              \*(both levels offered at either time slot)\*

E-Mail Address (please print legibly) \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
 Parent or Guardian (print) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Information we need to know about \_\_\_\_\_

I, the parent/guardian of the above named participant, hereby give approval for child to participate in Woodland Ice Center and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in the Woodland Ice Center. In addition, by signing below I give full permission to Kalispell Parks and Recreation to use images of my child for purpose of documenting, advertising and marketing. (All participants are involved at their own risk. Any registration fee paid does not provide insurance).

**Parent or Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Check the following box if you do not want us to use photographs for advertising purposes.

For Office use Only	
Receipt #	
Amt pd	Scholar \$
Date Received	
By	