

ICE SKATING LESSONS

Session 1: December 1-10
Session 2: January 5-14
Session 3: January 19-28
Session 4: February 2-11

Ages: 4+
Days: Tuesdays & Thursdays (four lessons per session)
Times: 3:50pm-4:15pm or 4:20pm-4:45pm (both levels offered at either time)
Cost: \$56 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.

Registrations can be emailed to the address above and payment taken over the phone once we have received the completed form. Registrations can be mailed to P.O. Box 1997, Kalispell, MT 59903 (must be postmarked by deadline) or dropped off at our office on 306 First Avenue East. Please make checks payable to Kalispell Parks and Recreation (KPR).

LEARN TO SKATE 2020-21 REGISTRATION

Check Session(s): Session 1 Session 2 Session 3 Session 4

Check Level: Level 1 Level 2

Check Preferred Time: 3:50pm-4:15pm 4:20pm-4:45pm *(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 _____

For Office use Only

Receipt #	
Amt pd	Scholar \$
Date Received	
By	