

LEARN TO SKATE CLASS REGISTRATION

Skater's Name

Address

City/State/Zip

Telephone#

Emergency#

E-mail

Skater's Birth Date

Age

ISI#

Male

Female

Previous Skating Experience

Yes

No

Last Level Passed

Are other family members enrolled in Anaheim ICE Learn to Skate Classes?

Guardian's Name

How did you hear about our Learn to Skate Classes?

Please fill in your selection based on the classes currently offered at Anaheim ICE. (See insert)

Class Name

Class Day

Class Time

I have read and understand the policies and conditions of the Anaheim ICE Skating School, and agree to abide by them.

Signature

Date