## **RON-A-ROLL REGISTRATION FORM – JAN/ FEB/ MAR 2024**

Class: Arriv Check-in/Sh Practice: Fr 7:30-10 Adu return to pra 1/2, 1/9 2/6, 2/1 3/5, 3/1 (Drop-in Ro	ve at 6:30 PM and st kates on 6:30-6:45 P ree admission included alt Skate Session (Ages actice on Saturday 1-4 , 1/16, 1/23, 1/30 .3, 2/20, 2/27 .2, 3/19, 3/26 ate \$19/week, \$ave	PM Lesson: up to 45 to the following skates 18+) -OR- Receive a pPM within the month.	minutes checks session, practisks ks ks ks (Cour	: Arrive at k-in/Skates ruction: 30 rice: Free ac session that /6, 1/13, 1/2 2/3, 2/10, 2/3 /2, 3/9, 3/10 se registra	12:00 PM and stays on 12:00–12:15 PM minutes or more; varidmission included to to follows the class from 0, 1/27 17, 2/24 6, 3/23, 3/30 accepte	ties based on wkly activity the Saturday afternoon om 1:00 - 4:00 PM. \$65.00/4 weeks \$65.00/4 weeks \$65.00/4 weeks	′
	arn <u>BASIC SKILLS</u> in	•	ed to: Basic forw	ard & backu	pard, stopping, balan	cing, getting up after fal	<i>!l</i> .
Please Print	CLEARLY:	•			•		
Student's I	Name			_ Phone _			-
Address				Birth D	ate	Age	
		State ?			If Applicable ~ Party Reservation Date		
floor dur It is exp permitte No refu Roller Skati Roller Sk recreation recreation recreation injuries w activities I have re For partin	ring the skating lesson. sected that you will be ad to participate.  unds for missed classing Sports Waiver cating can be a strenuctional activity, you are point that people fall down assume responsibility which may occur during and hockey programs and the above sports wicipants under the age	on time and prepared sees/No make ups -  ous and fast moving sponsors and fast moving risk on and/or run into one of and I release Ron-A-Righthe participation of a security of 18, please complete es. I am the child's pa	to begin class on  Monthly course  ort. Be aware that  of an accident in  another on occasion  coll, Inc, Ron-A-R  activities at Ron-  assume full resp  is I give permiss	time. Anyone  fee must be  t by putting anherent in the  on.  oll Associate A-Roll during  onsibility for  ion for  guardian.	e arriving more than  e paid in its entirety  on skates and participals and similar sport.  es and staff from any classes, sessions, price risk of injury (to my	It is the nature of this responsibility for any ivate lessons, club rself/my child).	ne.
Print Name			Date	~Email: ronaroll.events@gmail.co		<u>Levents@gmail.com</u> r office Roll Skate Center ith Frontage Road	
Email Addre	ess:						
Office Use Only	Initials BP	ment \$	Check Cash Credit / Debit		Exp. (copy attached)	POS	