



# The Ice Hutch Skating School Group Lesson Program

**Spring Session: April 6<sup>th</sup> – June 26<sup>th</sup> (12 weeks)**  
**1 class/week \$320 or 2 classes/week \$520**

**TUESDAYS**  
**4:00pm** Snowplow 1, 2, Basic 1-3, Hockey  
**4:30pm** Snowplow 1-3, Basic 1 - 6

**SATURDAYS**  
**11:45am** Snowplow 1-3, Basic 1, 2, Hockey  
**12:30pm** Snowplow 1-3, Basic 1 - 6

All classes are 30 minutes and run for 12 consecutive weeks. Skate rental is included (if needed).

Please note:

- ❖ New skaters ages 4-6 should register for Snowplow 1. New skaters ages 7 & up should register for Basic 1
- ❖ All skaters will be issued a name tag, which must be worn every week to class.
- ❖ Make-ups will not be offered for missed classes.
- ❖ Everyone entering the facility must wear a mask and adhere to social distancing guidelines.
- ❖ Spectators will not be permitted. Participants under age 12 may be accompanied into the rink by 1 Adult
- ❖ [In the event of inclement weather please check www.icehutch.com for cancelations/changes.](http://www.icehutch.com)

Equipment:

- ❖ **Masks are required for all participants.**
- ❖ **Helmets are required for all skaters ages 6 & under and for Hockey classes.**
- ❖ Mittens or Gloves
- ❖ The rink temperature will vary. Layered clothing that does not restrict movement is recommended.
- ❖ Only 1 pair of thin socks should be worn with skates.

**\*\*\*\*\*Registration will not be accepted on class days.\*\*\*\*\***

**Please register in advance of the date you wish to begin.**

**Mail, email or deliver this registration form with payment to the above address.**

**Learn to Skate Spring Session 2021 Registration Form**

Skater's Name \_\_\_\_\_ M or F Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**DAY(S) Requested:** Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_ **TIME(S) Requested:** \_\_\_\_\_

Indicate the **class & level** you wish to register for:

Snowplow Sam (4-6 yr. Olds) 1 – 3 \_\_\_\_\_ Basic (7 yrs. & older) 1 – 6 \_\_\_\_\_

Hockey Skating \_\_\_\_\_  
Must have passed Snowplow 3 / Basic 2

**PAYMENT:** Make checks payable to the Ice Hutch or you may use any major credit card.  
A \$25 fee will be charged on all returned checks.

Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Rcvd \_\_\_\_\_ By \_\_\_\_\_

Paid \_\_\_\_\_ # \_\_\_\_\_

Roster \_\_\_ NT \_\_\_ BS \_\_\_

I hereby agree to waive liability and release any and all claims against The Ice Hutch (the "Facility"), its affiliated clubs and their officers, directors, agents, coaches and other employees for injuries and damages suffered by myself or my child, 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury which may result from my own actions and/or those of my child or the action of others or the condition of the premises or any equipment used or rented from the facility. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my child's participation in these activities. I have read the rules of The Ice Hutch and will abide by them. I have explained the rules to my child(ren). I acknowledge that the Facility requires the use of a helmet by any child in the skating school six years old and under. I acknowledge that the Facility also requires face coverings and temperature checks upon entry. I agree that the staff of the Facility may require the withdrawal from any session of any skater, parent or caregiver who violates the rules.

I hereby consent to pictures being taken of myself and/or my child by employees or authorized agents of The Ice Hutch and understand that such pictures will become property of The Ice Hutch. The Ice Hutch may use them for promotional purposes without the payment of any fees or compensation to me and/or my child.

The undersigned has read the above waiver and release, understands the information contained therein and by signing below voluntarily agrees to the terms and conditions of the participation and/or the participation of the child in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_