

# SPRING 2014: 8 WEEK SESSION - MAY 5-JUNE 28

## Dublin Junior Jackets Schedule

CLASS	THUR	FRI	SAT	COST
Hockey Class, Ages 5-10	6:00-6:50 pm		11:00-11:50 am	\$135
Hockey Class, Ages 18+	7:00-7:50 pm			\$135
Jr. Stingers, Ages 4-5		1:30-2:20 pm		\$135

## Easton Junior Jackets Schedule

CLASS	MON	WED	SAT	COST
Hockey Class, Ages 5-10		6:00-6:45 pm*	11:00-11:50 am	\$120*/\$135
Hockey Class, Ages 18+		6:50-7:35 pm*		\$120*
Jr. Stingers, Ages 4-5**	1:30-2:20 pm**			\$118

\*Wednesday classes are 45 minutes and carry a reduced price.

\*\*Jr. Stingers will be held May 12-June 30 with no class on May 26 (Memorial Day).  
7 week class, price reduced to reflect the shortened session.

## North Junior Jackets Schedule

CLASS	TUES	FRI	SAT	COST
Hockey Class, Ages 5-10	6:00-6:50 pm		10:00-10:50 am*	\$135/\$118*
Jr. Stingers, Ages 4-5		10:30-11:20 am		\$135
Women's Hockey		9:30-10:30 am		\$135

\*No Saturday class 6/7. Class price reduced to reflect the shortened session.

**Please Note: Registrations on or after May 4 will incur a \$10 administrative fee**

## **SPRING 2014 JUNIOR JACKETS ENROLLMENT**

<b>PARENT NAME:</b>	<b>PAYMENT METHOD:</b>				
<b>STREET:</b>	MC	VISA	DISCOVER	CHECK	CASH
<b>CITY:</b>	<b>ZIP:</b>	<b>CARD #:</b>			
<b>PHONE:</b>	<b>ALT #:</b>	<b>EXP DATE:</b>	<b>NAME ON CARD:</b>		
<b>EMAIL:</b>	<b>3 DIGIT SECURITY CODE:</b>		<b>AMOUNT:</b>		
<b>ADDITIONAL EMERGENCY CONTACT NAME/PHONE:</b>	<b>AUTH #:</b>	<b>DISC. APPLIED (circle one):</b>			
	<b>CHECK #:</b>	<b>DUB</b>	<b>COU</b>		
<b>HOW DID YOU HEAR ABOUT THE CHILLER?:</b>					
<b>Skater #1 Name:</b>	<b>female / male</b>	<b>Age:</b>	<b>B-date:</b>		
<b>Class Name:</b>	<b>DayTime:</b>				
<b>Location:</b>	Dublin	Easton	North	<b>Amount:</b>	
<b>Skater #2 Name:</b>	<b>female / male</b>	<b>Age:</b>	<b>B-date:</b>		
<b>Class Name:</b>	<b>DayTime:</b>				
<b>Location:</b>	Dublin	Easton	North	<b>Amount:</b>	

## **READY TO ENROLL?**

**Don't miss out-  
Register now online at:  
TheChiller.com/register**

**Can't enroll this time? Next session:  
Summer/Early Fall 2014: Jul. 14 - Oct. 4**

**Accident/Liability Release:** I, or my son/daughter or child over whom I have legal custody, wish to participate in Chiller classes/activities organized by Chiller LLC. I agree to release Chiller LLC, COLHOC Limited Partnership, Ohio-Health Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries, from all claims, actions, causes of action or damages suffered by me or my son/daughter or child over whom I have custody for any loss or injury resulting from participation in the aforesaid classes/activities. I understand that by participating in a Chiller program, I or my child could be injured, die and/or suffer property damage. Regardless of any bodily injury, death or property damage sustained by me or my child from participating in a Chiller program, I agree not to sue, or allow others to sue on my behalf, Chiller LLC, COLHOC Limited Partnership, OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries. I further agree to indemnify and hold harmless Chiller LLC, COLHOC Limited Partnership, OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates, and/or subsidiaries, from all claims, actions, causes of action, or damages brought by me or on my child's behalf by any other party, stemming from participation in any and all Chiller activities. **"BY ENROLLING IN THIS CLASS, YOU AGREE TO AND UNDERSTAND THE RIGHTS WAIVED HEREIN. BY AGREEING TO THESE TERMS, YOU MAY GIVE UP LEGAL RIGHTS."**

**EMPLOYEE NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ENTERED IN BOOK:** \_\_\_\_\_ **ENTERED IN COMPUTER:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_