

LEARN-TO-SKATE

SPRING 2015: MAY 4-JUNE 27 (8 weeks)

Registrations on or after May 3 will incur a \$10 administrative fee

DUBLIN LEARN-TO-SKATE SCHEDULE

MON*	6:00-6:40pm*	Parent/Tot \$113	Stinger 1-3 \$100	Advanced Stinger \$100	Basic 1-3 \$100	
	6:45-7:25pm*	Basic 4-8 \$100	Freeskate 1-6 \$113	Adult 1-4 \$100		
FRI	10:00-11:00am	Parent/Tot \$100	Stinger 1-3 \$100	Basic 1-8 \$100	Freeskate 1-6 \$100	Adult 1-4 \$100
SAT	9:15-9:55am	Basic 4-8 \$115	Freeskate 1-6 \$130	Hockey Skating 1 \$115		
	10:00-10:40am	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Advanced Stinger \$115	
	10:45-11:25am	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Adult 1-4 \$115	

*No Monday classes May 25 (Memorial Day). Class price reduced to reflect the shortened session.

EASTON LEARN-TO-SKATE SCHEDULE

THUR*	6:00-6:40pm*	Parent/Tot \$97	Stinger 1-3 \$86	Advanced Stinger \$86	Basic 1-3 \$86	Hockey Skating 1 \$86	
	6:45-7:25pm*	Basic 1-8 \$86	Adult 1-4 \$86	Freeskate 1-6 \$97			
SAT**	10:00-10:40am**	Basic 1 \$86	Basic 4-8 \$86	Adult 1-4 \$86	Freeskate 1-6 \$97	Parent/Tot \$97	Stinger 1-3 \$86

*No Thursday classes June 11 & 18. Class price reduced to reflect the shortened session.

**No Saturday classes June 6 and 13. Class price reduced to reflect the shortened session.

NORTH LEARN-TO-SKATE SCHEDULE

MON*	10:00-11:00am*	Parent/Tot \$87	Stinger 1-3 \$87	Basic 1-8 \$87	Freeskate 1-6 \$87		
WED	6:00-6:40pm	Parent/Tot \$130	Stinger 1-3 \$115	Advanced Stinger \$115	Basic 1-3 \$115	Freeskate 1-6 \$130	Hockey Skating 1 \$115
	6:45-7:25pm	Basic 1-8 \$115	Adult 1-4 \$115	Freeskate 1-6 \$130			
SAT	10:00-10:40am	Parent/Tot \$130	Stinger 1-3 \$115	Basic 1-3 \$115	Hockey Skating 1 \$115		
	10:45-11:25am	Basic 1 \$115	Basic 4-8 \$115	Adult 1-4 \$115	Freeskate 1-6 \$130		

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PLEASE NOTE: Registrations on or after May 3 will incur a \$10 administrative fee

SPRING 2015 LEARN TO SKATE ENROLLMENT

Parent Name:	Payment Method:			
Street:	MC	Discover	Check	Cash
City:	Card #:			
Phone:	Exp Date:	NAME ON CARD:		
Email:	3 Digit Security Code :	Amount:		
Add'l Emergency Contact Name/Phone #:	Auth #:	Disc. Applied (circle one):		
	Check #:	DUB COUPON		

How did you hear about the Chiller?

Skater #1 Name:	female / male	Age:	B-date:	
Skater #1 Category/Goal (check one):	<input type="checkbox"/> Recreational Skater	<input type="checkbox"/> Figure Skater	<input type="checkbox"/> Hockey Player	<input type="checkbox"/> Speed Skater
Class Name:	Level:	Day/Time:		
Location (circle one):	Dublin	Easton	North	Amount:
Skater #2 Name:	female / male	Age:	B-date:	
Skater #2 Category/Goal (check one):	<input type="checkbox"/> Recreational Skater	<input type="checkbox"/> Figure Skater	<input type="checkbox"/> Hockey Player	<input type="checkbox"/> Speed Skater
Class Name:	Level:	Day/Time:		
Location:	Dublin	Easton	North	Amount:

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, 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 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:	

Ready to enroll? Visit <http://theChiller.com/register> today!

Can't enroll this time? Next session: Summer/Early Fall 2015: July 20-October 10