

Registration



Learn-To-Skate

REGISTRATION BEGINS:

- November 7 for Members
- November 14 for Non-Members

THREE WAYS TO REGISTER:

1. Register at the UI Ice Arena.
2. Register by mail to: Learn-To-Skate: Spring 2010
UI Ice Arena
406 E. Armory Ave
Champaign, IL 61820
3. Register by fax to (217) 333-1307.
Faxes must include credit card information to be processed.

No phone registrations.

Make check or money order payable to: University of Illinois.

Please complete one registration form per skater.

PLEASE PRINT

Skater's Name: _____

Birthdate: _____

Highest Level Completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Business Phone: _____

Email: _____

Emergency Contact: _____

Phone: _____

Campus Rec member UIN: _____

UIN is required at time of registration for Member rate.

PLEASE NOTE:

- Questions? Call (217) 333-2212.
- Completion of this application does not guarantee enrollment.
- Waiting lists will be created for full classes.
- For more information, visit www.campusrec.illinois.edu/skating

Refunds given through the first day of class; minus \$5 processing fee.

Please complete waiver form (back of this page) before submitting. Forms without waivers will be returned.

PAYMENT

Cash Check # _____

Visa Mastercard Discover

Charge Card #: _____ / _____ / _____

Name on Card: _____

Expiration Date: _____ / _____ 3 digit code on back of card: _____

Signature: _____

Winter 2010 Sessions — 4 weeks

THURSDAYS: JANUARY 7-28

- \$35/Mem **Group (choose one)** 5:30-6:10 pm
 \$40/Non Tot 1 & 2 (5:30-6 pm) Tot 3 & 4 (5:30-6 pm)
 Pre-Alpha 1 Adult Pre-Alpha
- \$35/Mem **Group (choose one)** 6:15-6:55 pm
 \$40/Non Pre-Alpha Pre-Alpha 2
 Alpha Adult Pre-Alpha
 Beta Gamma/Delta
- \$70/Mem **Freestyle Boot Camp** 6:15-8pm (FS 1 and above)
 \$80/Non *Includes off-ice conditioning, on-ice instruction that will change each week and practice time.*

Spring 2010 Sessions — 8 weeks

Mondays, Thursdays, Saturdays (January 30-April 3)

MONDAYS: FEBRUARY 1-MARCH 29 (No Class March 22)

- \$70/Mem **Group (choose one)** 6-6:40 pm
 \$80/Non Tot 1 & 2 (6-6:30 pm) Tot 3 & 4 (6-6:30 pm)
 Pre-Alpha 1 Pre-Alpha 2
- \$70/Mem **Group (choose one)** 6:50-7:30 pm
 \$80/Non Pre-Alpha 1 Pre-Alpha 2
 Alpha Beta
 Gamma/Delta Off-Ice Conditioning
- \$90/Mem **Elements of Synchronized Skating** 7:35-8:05 pm
 \$100/Non (Beta and above)

THURSDAYS: FEBRUARY 4-APRIL 1 (No Class March 25)

- \$70/Mem **Group (choose one)** 6:15-6:55 pm
 \$80/Non Pre-Alpha 1 Pre-Alpha 2
 Alpha Beta
 Adult Pre-Alpha Adult Alpha/Beta
- \$70/Mem **Group (choose one)** 7-7:40 pm
 \$80/Non Gamma/Delta FS 1,2,3 FS 4,5,6
- \$80/Mem **Jumps & Spins / Power** 7:40-8:10 pm
 \$90/Non (FS 3 and above)

SATURDAYS: JANUARY 30-APRIL 3 (No Class March 20 and 27)

- \$70/Mem **Group (choose one)**
 \$80/Non 9-9:30 am Tot 1 & 2 Tot 3 & 4
 9-9:40 am Pre-Alpha 1 Pre-Alpha 2
- \$70/Mem **Group (choose one)** 9:45-10:25 am
 \$80/Non Pre-Alpha 1 Pre-Alpha 2
 Adult Pre-Alpha Alpha
 Beta Pre-Alpha for Hockey
- \$70/Mem **Group (choose one)** 10:30-11:10 am
 \$80/Non Gamma/Delta
 FS (circle one) 1 2 3 4 5 6
- \$90/Mem **Moves in the Field / Ice Dance** 11:25 am-12:05 pm
 \$100/Non (Delta and above)

Total:

OFFICE USE ONLY

Drop-off Fax Mail-In

Total: _____

Receipt #: _____ CSA Initials: _____

C.C. Authorization #: _____

Date Received: _____

Confirmation Sent: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

WAVIER: In consideration of being permitted to participate in any way in Campus Recreation Skating Programs taking place at the University of Illinois Campus Recreation facilities, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Campus Recreation Skating Programs.

Signature of Parent of Minor (under 18)

Date

Signature of Participant

Date

ASSUMPTION OF RISKS: Participation in Skating Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint of back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, and death. We strongly recommend that you consult your personal physician before starting any strenuous activity or class.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Skating Programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Campus Recreation Skating Programs and to reimburse it for any such expenses incurred.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully and understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent of Minor (under 18)

Date

Signature of Participant

Date