



**COON  
RAPIDS**  
Minnesota

**COOK ICE ARENA  
LEARN TO SKATE  
REGISTRATION FORM**

Office Use: CK# \_\_\_\_\_ C \_\_\_\_\_

Amt \_\_\_\_\_ I \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ M F (circle one)  
Confirmations (email only) will be sent upon receipt of payment

IS SKATER OR ADDRESS NEW? YES NO SKATER HAS SPECIAL NEEDS \_\_\_\_\_

SCHOOL ATTENDED \_\_\_\_\_

CLASS SESSION (circle session)

SESSION I

SESSION II

HIGHEST ISI TEST PASSED: \_\_\_\_\_ ISI TESTS PASSED AT COOK? YES NO

CLASS DAY: \_\_\_\_\_ CLASS NAME: \_\_\_\_\_ COST: \$ \_\_\_\_\_

CLASS DAY: \_\_\_\_\_ CLASS NAME: \_\_\_\_\_ COST: \$ \_\_\_\_\_

CLASS DAY: \_\_\_\_\_ CLASS NAME: \_\_\_\_\_ COST: \$ \_\_\_\_\_

CONTRACT PRACTICE/FREESTYLE ICE: DAY: \_\_\_\_\_ COST: \$ \_\_\_\_\_

CONTRACT ICE: DAY: \_\_\_\_\_ COST: \$ \_\_\_\_\_

ISI Membership (Alpha and above) \$ \_\_\_\_\_ 13.00

TOTAL: \$ \_\_\_\_\_

PAYMENT: (circle one) Full Payment Payment plan (add \$5.00 fee) \$ \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_

**Please complete the signature portion on page 2**

## JOSEPH COOK MEMORIAL ICE ARENA

### WAIVER AND PERMISSION TO PROVIDE MEDICAL CARE

**As the participant or parent/guardian of the participant in activities at Joe Cook Arena, I hereby understand and agree:**

1. I will inspect the facilities and equipment before participating and notify arena staff if I believe something is unsafe or in need of repair. I will not participate if I believe something is unsafe.
2. I realize that everyone participating in arena activities is doing so voluntarily and that the activities involve the risk of injury, including serious injury or death. I understand that I may be injured because of something I do or fail to do or by something someone else does or fails to do. I accept that the all of the risks of injury may not be reasonably foreseeable by arena staff.
3. I assume all of the risks in paragraph 2 as a condition of participation and accept responsibility for the costs and damages of any injury that may occur to me.
4. I unconditionally release, waive and consent not to sue Joe Cook Arena, the City of Coon Rapids, their officers, directors, administrators, agents, coaches, employees or volunteers. I also release, waive and consent not to sue the agency sponsoring the activity, arena sponsors, advertisers or any other agent for any and all liability to the undersigned, heirs and next of kin. This release is for any claims or losses on account of injury, including death, or damage to property, while participating in official or unofficial activities, events or competitions at the arena.
5. I understand that Joe Cook Arena and the City of Coon Rapids may use, without compensation, my photograph, likeness, name or voice for promotional materials, television, radio or film coverage of arena activities.

#### **Permission to provide medical care**

I request that the coaches or arena staff seek medical care for diagnosis and treatment for any injury or illness I am absent or unable to do so. In case of injury or illness I authorize the coaches or arena staff to seek appropriate medical treatment and to call an ambulance when the coaches or arena staff believe it is necessary. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses, dentists or other necessary medical personnel to provide any diagnostic treatment and procedures they believe necessary for appropriate treatment. I understand that Joe Cook arena does not guarantee the medical treatment provided. I accept full responsibility to pay for the costs of the medical treatment whether or not those expenses are covered by insurance.

**I have read, understand and agree to the above waiver and grant my permission to provide medical care. I understand this waiver lasts until I revoke it in writing.**

Dated:

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

**(Parent/Guardian signature required for all participants under 18 years of age.)**

### **Cook Ice Arena 2009-2010 "Learn to Skate" Optional Payment Plan**

Session payments maybe paid in 2 installments for a \$5.00 service charge (per family). There is a 10 day grace period for each payment after which a \$10.00 late fee will be applied.

#### **Payment Deadlines:**

##### **Session I**

Payment 1: 1/2 due with additional \$5.00 at time of registration.

Payment 2: 1/2 due on November 10th after November 20th add \$10.00

##### **Session II**

Payment 1: 1/2 due with additional \$5.00 at time of registration.

Payment 2: 1/2 due on February 15th after February 25th add \$10.00

Example: Sarah and John Smith have signed up for Saturday Pre Alpha class during Session I.

\$63.50 is due with their registration \$58.50 for each class and \$5.00 service charge.

\$58.50 is due November 10th