



Office Use: CK# _____ Cash _____

Amt Pd. \$ _____ Staff Int. _____

COOK ICE ARENA LEARN TO SKATE SUMMER REGISTRATION FORM

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 _____

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: \$ _____

CONTRACT ICE: DAY: _____ COST: \$ _____

ISI Membership (Alpha and above) \$ _____ 10.00

TOTAL: \$ _____

AMOUNT ENCLOSED: \$ _____

Please complete the signature portion on the back

Cook Ice Arena, 11091 Mississippi Blvd. NW, Coon Rapids, MN 55433
Website: www.cookicearena.com

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.)