

DAY: Tues / Thurs / Sat / Sun
(circle one)



TERM: _____

Skating Level: _____

SKATING SCHOOL Student Registration Form

TODAY'S DATE: _____

STUDENT'S NAME: _____ AGE: _____

PARENT/GUARDIAN(S): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

ALTERNATE CONTACT NAME & PHONE: _____

Enrollment Contract TERMS & CONDITIONS

- Desert Ice Castle** reserves the right to cancel lessons due to special events that may arise during any session. Student will be notified of any such cancellations and classes will be rescheduled.
- Refund Policy:** No refunds will be issued after the two month course has begun for any reason.
- Students** assume all risks of skating. The student and parent/guardian agree that Desert Ice Castle Skating School is not responsible for injury to the student or for loss or damage to any personal property.
- Make-Ups:** Students are allowed to do Make Up lessons. The number of Make Up lessons is determined by numbers on the Skate School Punch card. All Make Ups must be done with in the Term the student signed up for. They cannot be Made Up after the Term has ended. No exceptions.
- Skates:** Should you need skates; the usage of D.I.C.'s rental skates will be complimentary.

I have read and understand the above Terms and Conditions and agree to them.



Parent/Guardian Signature: _____

*****OFFICE USE ONLY*****

TAKEN BY: _____ DATE: _____

DAY: Tues / Thurs / Sat / Sun

SKATING LEVEL: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10

TIME: 4:30pm / 9:00am / 11:30am

Amount Paid: _____
Cash / Debit / Credit

PUNCH CARD RECEIVED SKATER CONFIRMATION	MEMBERSHIP CONFIRMATION
_____ (SIGNATURE)	YES (fill below) / NO
_____ (DATE)	Member #: _____
	Exp. Date: _____

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