

Date paid: \_\_\_\_\_

Emp: \_\_\_\_\_

\$\$ Paid: \_\_\_\_\_

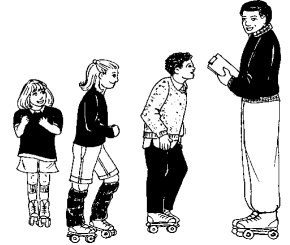
Method: \_\_\_\_\_

# ROLLERAMA II

6995 W. Grand River Brighton, MI 48114  
(810) 227-5230 www.rollerama2.com



## FAMILY BEGINNER SKATING LESSONS



**sign me up:**

**NAME**

***Session # & Date***

**ADDRESS**

**CITY**

**ZIP**

**PHONE**

**DATE OF BIRTH**

**AGE**

**CONSENT & LIABILITY WAIVER**

The undersigned applicant having knowledge of the physical risks involved in instructional skating programs, waive any claim I (we) have for myself (ourselves) and the Applicant for any injuries sustained during the course of my instructional skating sessions. I (we) further release Rollerama II and its employees and affiliates from all claims for damages or liability resulting from the Applicant's activities.

In addition, the undersigned hereby authorizes that in the event of a sustained injury, the Program Director or his assistants may secure temporary and emergency care.

**REFUND POLICY:** There are no refunds, make up classes or credits given for this class.

**Signature (of parent if participant is a minor)**

**Date**