Dairy Ashford Roller Rink 1820 S. Dairy Ashford Houston, Texas 77077

Adult Roller Skating Class Registration Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this be your first time on skates? \_\_\_\_\_\_\_\_\_\_\_

What level do you consider yourself, circle one please 1 2 3 4 5

How long have you been skating? \_\_\_\_\_\_\_\_\_

How many times have you skated before? \_\_\_\_\_\_\_\_\_\_\_

What are you wanting to accomplish by taking the class ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any type of health conditions or previous injuries that we need to know about ?

Waiver of Liability

I understand that as with all activity, risk is involved in participating in a roller skating class. By signing my signature below, I acknowledge that I am aware of and voluntarily assume the risks involved in participating in all activities associated with roller skating. By signing this wavier of liability, I waive any claim or cause of action against and release from liability the Dairy Ashford Roller Rink, its officers, employees, and agents for any liability for injuries to my person or property resulting from my use of the facility or participation in the activity listed above.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Info

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amt Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP:\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_