



Learn to Skate

Mount Pleasant Ice Arena

6101 Hillen Road at Northern Parkway
Baltimore, Maryland 21239 (443) 984-4075 FAX 410 254 1368

Ruthie.Herman@Baltimorecity.gov

www.mtpleasanticearena.com

Mondays 5 p.m. - 6 p.m.

30 minute class; 30 minute practice

\$10 discount for second skater in the family

\$90 series fee _____ \$7 skate rental for each series _____

\$20 companion skate _____ \$97 Freestyle Class, only (1 hour) _____

"Companion" is a parent who wishes to skate in the free skate zone

4 FREE passes to public sessions

___ Series 8, 2010, Mondays 5 pm - 6 pm, April 26 - June 14 (NO class 5/31)

___ Series 9, 2010 Mondays 5 pm - 6 pm June 21 - August 2

___ Series 10, 2010 Mondays 5 pm - 6 pm August 9 - Sept 27 (NO class 9/6)

All skaters ages 4 - 6 are required to wear bike helmets. All skaters are required to mittens or gloves.

PLEASE PRINT!

Email: _____

Name of Skater: _____

Skater's Date of Birth: (All skaters must be 4 years of age or older) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell: _____

NO REFUNDS; Money Orders or Personal Checks only; NO credit cards, no cash Please make checks payable to Director of Finance

Upon entering events sponsored by the Mayor and City of Baltimore and/or agents or affiliates, I/We agree to abide by the rules of Mt. Pleasant Ice Arena as currently published. I/We understand and appreciate that participation or observation of ice skating constitutes risk of serious injury or death. I/We voluntarily and knowingly recognizes, accept, and assume the risk, and release the Mayor and the City of Baltimore, Mt. Pleasant Ice Arena, sponsors or event organizers, on ice coaches and officials, from any and all liability. Pictures and videos of my child (children) or myself may be used by the Mayor and the City of Baltimore in promotional materials including the web site. Video of my child or myself may be used for promotional purposes. I agree that I will periodically check the rink's website for updates regarding classes and that a parent or guardian must stay in the rink during the time my child is in a lesson.

Name of Skater: _____

Signature: _____ Date: _____

(Signature of parent or Guardian required for minors under the age of 18)