



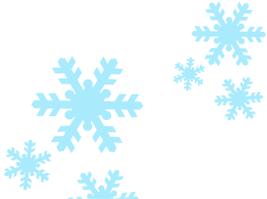
# LEARN TO ICE SKATE



**Session 1:** December 6-15  
**Session 2:** January 3-12  
**Session 3:** January 17-26  
**Session 4:** January 31 - February 9

**Pricing:** \$51 per session  
 (Tuesday and Thursday, four lessons)  
 \*Rentals available for free

**Location:** Woodland Ice Center



**Information**  
**406-758-7717**

### ICE CUBES: 4-6 years

Children who have never had lessons before or who need help marching across the ice.  
 Tuesday 3:50-4:15 pm      Thursday 3:50 - 4:15 pm

### ICEBERGS: 7+ years

Children who have never or are beginning to push, glide and beginning to wiggle backwards.  
 Tuesday 3:50-4:15pm      Thursday 3:50-4:15 pm

### ICICLES: 4-6 years

Children who are beginning to push, glide and beginning to wiggle backwards.  
 Tuesday 4:20-4:45 pm      Thursday 4:20-4:45 pm

### SNOWFLAKES: 7+ years

Skaters will practice skills like forward, backward, stopping, swizzles, wiggles and glides.  
 Tuesday 4:20-4:45 pm      Thursday 4:20 -4:45 pm



Mail form: Kalispell Parks and Recreation, P.O. Box 1997, Kalispell, MT 59903 or stop in at our office at 306 1<sup>st</sup> Ave E

## Learn to Skate 2016-17 Registration

E-Mail Address (please print legibly) \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Session \_\_\_\_\_ Class \_\_\_\_\_

Parent or Guardian (print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information we need to know about \_\_\_\_\_

I, the parent/guardian of the above named participant, hereby give approval for child to participate in Woodland Ice Center and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in the Woodland Ice Center. In addition, by signing below I give full permission to Kalispell Parks and Recreation to use images of my child for purpose of documenting, advertising and marketing. (All participants are involved at their own risk. Any registration fee paid does not provide insurance).

By signing this registration you are agreeing to the waiver and parent pledge found on the reverse side of this registration form.

**Parent or Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Check the following box if you do not want us to use photographs for advertising purposes.

For Office use Only

Receipt #	
Amt pd	Scholar \$
Date Received	
By	