



WINTER PROGRAM REGISTRATION 2025

Participant Information		Saturday's Program (CLASSES START Jan 4 –Feb 1)	Time	Cost	
		Parents & Tots	<input type="checkbox"/> 10:00-10:30	\$60	
			<input type="checkbox"/> 10:45-11:15		
			<input type="checkbox"/> 11:30-12:00		
Name	Age (if under 18)	Level 1	<input type="checkbox"/> 12:30-1:15	\$65	
		Level 2	<input type="checkbox"/> 1:30-2:15	\$65	
		Level 3	<input type="checkbox"/> 2:30 – 3:15	\$65	
Address		Sunday's Program (CLASSES START Jan 5 – Feb 2)		Time	Cost
		Level 1	<input type="checkbox"/> 10:30-11:15	\$65	
			<input type="checkbox"/> 11:30-12:15		
Phone	Email	Level 2	<input type="checkbox"/> 12:30-1:15	\$65	
		Power Skating	<input type="checkbox"/> 1:45-2:30	\$70	
Emergency Contact: Name		Beginner Adult	<input type="checkbox"/> 2:45-3:30	\$65	
Phone			<input type="checkbox"/> 3:45-4:30		

Allergies, Illness, Behavioral Problem

Would you like to receive email updates on events and programs at Arbour Lake? Yes No

I give permission to have photos taken to be published in the Arbour Lake Residents Association Newsletter. Yes No

Method of Payment:

Cash Chq# _____ **TOTAL:** _____
 Debit Credit
 Auth# _____

Acknowledgement, Release and Waiver In consideration of permission, granted now or in the future by the Arbour Lake Residents Association to participate in the above program during the year 2025 I agree and acknowledge that (1) there is nothing to my knowledge that indicates that I have not met all the prerequisites required for participation in the program. (2) I will abide by the rules and regulations imposed on the participants in the program. (3) I freely and voluntarily assume any risks and hazards inherent in the nature of the program and accordingly my participation in the program shall be entirely at my own risk. (4) I waive any claim I may have against the Arbour Lake Residents Association including the staff, associates, agents, consultants and or instructors arising from my participation in the program and agree to indemnify and save harmless the Arbour Lake Residents Association and including the staff and associates for any claim, whatsoever, arising from my participation in the program. **(5) I am aware that the registration fee is NON-REFUNDABLE unless the program is cancelled by the Arbour Lake Residents Association.** (6) This RELEASE, WAIVER OF CLAIM and ASSUMPTION OF RISK are binding on me, my heirs, and my executors, administrators, personal representatives, and assigns.

Participant Signature or Parent/Guardian (if under 18)

Date