

Learn to Skate Lessons

Fees:

\$67 VMCC member; \$72 non-member

***Freestyle: \$82 due to specialized/advanced instruction, Yoga instruction and smaller class sizes.**

Fee includes rental skates if needed and a pass for four open skate days.



WINTER SESSION I:

Saturdays, Jan. 14 - Feb 25 (skip Jan. 28)

Time	Level	Code
9-9:30 am	Tot 1	LTS-WI00
	Tot 2	LTS-WI01
	Tot 3	LTS-WI02
	Tot 4	LTS-WI03
	Beginner Ages 7-Up	LTS-WI04
9:35-10:05 am	Tot 1	LTS-WI05
	Tot 2	LTS-WI06
	Pre-Alpha	LTS-WI07
	Alpha	LTS-WI08
10:10-10:40 am	Beta	LTS-WI09
	Gamma	LTS-WI10
	Delta	LTS-WI11
	Academy Class	LTS-WI12

WINTER SESSION II:

Tuesdays, Jan. 17 - Feb. 21

Time	Level	Code
6:15-6:45 pm	Tot 1	LTS-WI13
	Tot 2	LTS-WI14
	Tot 3	LTS-WI15
	Tot 4	LTS-WI16
	Beginner Ages 7-Up	LTS-WI17
6:50-7:20 pm	Tot 1	LTS-WI18
	Tot 2	LTS-WI19
	Pre-Alpha	LTS-WI20
	Alpha	LTS-WI21
	Beginning Hockey	LTS-WI22
7:25-7:55 pm	Beta	LTS-WI23
	Gamma	LTS-WI24
	Delta	LTS-WI25
	*Freestyle I & Up	LTS-WI26
	Advanced Hockey	LTS-WI27
8-8:30 pm	Power Skating	LTS-WI28

FREE!

Learn to Skate Open House & Winter Exhibition

Tuesday, Jan. 10 6-7:30 p.m.

Come to the rink and try skating! Great opportunity to meet the instructors and get your class questions answered.

At 6:45 p.m., watch some of the current participants as they perform their competition programs!

Register on-site for the upcoming winter sessions and get \$5 off the registration fee!

No pre-registration required - just come!

These activities are not sponsored by ISD 199.

Registration Options:

Online: www.invergroveheights.org/onlineregistration
In Person: Veterans Memorial Community Center
 8055 Barbara Avenue
 651.450.2585 / 651.554.3440

REGISTRATION FORM INVER GROVE HEIGHTS PARKS & RECREATION DEPARTMENT



PARENT / LEGAL GURDIAN INFORMATION: **Registration Date:** _____ **Staff Initials:** _____

Last Name: _____ First Name: _____ DOB: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____ Member #: _____

TO BETTER SERVE OUR PARTICIPANTS: Please note any information we should be aware of (i.e. disability, allergy, special needs, etc...)

YOUTH SPORTS LEAGUES:

- **Volunteer Coach?** Yes ___ Name: _____ Sport: _____ Cell Phone: _____
- **Special request for teammate** (only for carpool purposes, not guaranteed, group/chain requests not honored) _____
- **We reserve the right to cancel a team without a coach.**

PARTICIPANT NAME	M/F	DOB <small>M / D / Y</small>	SCHOOL	GR	PROGRAM / CLASS NAME	PROGRAM #	FEE

PAYMENT TYPE: Credit Card: Cash ___ Check # _____ **TOTAL: \$** _____
(check one) (made payable to VMCC)

Card Info
Name on card _____ **Account Number** _____

Signature _____ **Expiration** _____ **Code** _____

PROGRAM /CLASS REFUNDS: Your money will be refunded if your class/program is cancelled due to insufficient enrollment or if it is filled before we receive your registration. Refunds will be issued in the form of a check or reimbursement to your credit card.

If YOU cancel your class/program: Up to the start date of your class, you will receive a full refund less a \$5 processing fee. No refunds will be given after the start date of the program. Field trips, S.P.A.R.K., Mayer Arts, Music Together, Skyhawks Sports Camps and adult league refunds are not given after the registration deadline. The Kids R.O.C.K. enrollment fee is non-refundable.

Concussions: The Minnesota State Legislature passed a new law (Minnesota Statutes, Section 121A.37), which went into effect September 1, 2011 aimed at preventing and identifying concussions in youth participating in sports. Training will be provided to all coaches, staff and instructors. Free online course and credible information on the CDC website: Heads Up: Concussion In Youth Sports www.cdc.gov/concussion/HeadsUp/youth.html

Tennessen Warning: The information requested on the registration from will be used to verify eligibility and determine staff, facility and equipment needs. The information you provide may be provided to City staff, volunteers, legal counsel, insurers and auditors. Although you are not legally required to disclose the information requested, failure to do so will prevent you or your child(ren) from participating in the activity or program. Participation in the activity for which you are registering for is strictly voluntary. The activity you are registering for is not an essential service provided by the City.

Photographs of Participant: I understand that photographs of Participants may be used in the City's promotional or other published materials. If Participant does not wish to be photographed or included in these materials, Participant must provide written notice of the same. Assumption of Risk: By executing this form, you are acknowledging that the activity you are registering for may be dangerous and may involve certain risks, including but not limited to bodily injury, personal injury, sickness, disease, death and property loss or damage to yourself or others. By executing this form and participating in this activity, the Participant is assuming all such risks, known or unknown, anticipated or unanticipated.

Required Waiver: In consideration for being allowed to participate in the activity, Participant and/or Participant's parent, legal guardian, or conservator hereby releases, indemnifies, defends and holds harmless the City, its officers, officials, employees, insurers, agents, contractors, representatives, and servants, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments, and other obligations (including attorneys' fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arise out of, or are in any way related to, participation in the above-described activity or use of the City's facilities/property.

Note: If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator. I certify that I am the custodial parent, legal guardian or conservator of the above-named Participant. I hereby consent to his/her participation in this activity and any emergency medical treatment which may be rendered to Participant. I shall be liable for the cost of such medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Name of Participant Name of Parent / Legal Gurdian / Conservator

Signature of Participant (if over 18) / Parent / Legal Gurdian / Conservator Date