



MAC McDERMOTT
ATHLETIC CENTER

HOMESCHOOL LEARN TO SKATE



FALL/ WINTER 2019
8 WEEK SESSION
\$90.00 (PLUS TAX)
\$20.00 USFS MEMBERSHIP FEE

*PLEASE CHECK THE CLASS YOU WISH TO ENROLL IN

Monday Oct 21st - Dec 16th (no classes monday 11-25)

MONDAYS 1:00 – 2:00PM (1/2 class, 1/2 hour practice)

AGES 4-6

___ SNOWPLOW 1 & UP
(Helmet Required)

Ages 7 & up

___ Basic 1 ___ Basic 2
___ Basic 3 ___ Basic 4
___ Basic 5 ___ Basic 6

*Weekly 30 minute class & 30 minute practice

*Free Skate Rental the Day of Class

*Certificate of Achievement

Visit The MAC Learn to Skate
on Facebook



*Yearly membership into USFS

*USFS Basic Skills Program Record Book

*Badge for each level passed

NAME: _____ DOB: _____ AGE: _____

PARENTS NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HM PHONE: _____ WK PHONE: _____ CELL: _____

*Classes with less than 5 students may be consolidated to a different day and/or time. There are no refunds; only credit for future classes will be given.

Register by phone: (505) 892-9222, in person or mail: 801 Loma Colorado Rio Rancho, NM 87124.

WAIVER OF LIABILITY

ASSUMPTION OF RISK: In consideration of being permitted to participate in skating and hockey related activities at The MAC, I hereby agree to the following: I understand and appreciate that there are risks of serious personal injury in connection with participating in skating and ice hockey and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue The MAC, and any of their affiliates and subsidiaries, their promotional sponsors and advertisers, and their agents, servants and employees from any and all suits, claims and demands of any kind for personal injuries, property damage, including but not limited to lost, stolen or damaged goods, that I may sustain while participating in hockey, skating and all related activities at The MAC.

CONSENT TO TREAT: I certify that, as a parent or guardian of said participant, I give my consent to The MAC and staff to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities at The MAC.

CONSENT TO USE IMAGE: I hereby give my consent to The MAC to use my images/likeness (or in the case of a child...my child's image/likeness) for the purpose of inclusion in any publications related to The MAC.

In any event any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity of any other provision hereof and this Agreement shall be construed as if such invalid, illegal or unenforceable provision were not contained herein.

Signature: _____ **Date:** _____

Employee Initials: _____