

2017 Anoka High School Fall Conditioning

**The Boys High School group will skate
Tuesday and Thursday
From September 12 thru October 26
3:50-4:50pm
Cost: \$200.00**

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

PARENTAL CONSENT

In consideration of the acceptance of _____ as a student in Anoka Area Ice Arena's High School Fall Conditioning, the applicant agrees that Anoka Area Ice Arena and/or their staff, coaches, or employees will not be held responsible for any accidents or loss of personal property, however caused, and agree to release the arena from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/or participating in the Anoka Area Ice Arena's High School Fall Conditioning are assumed by the student and his/her parents and/or guardian and this assumption is acknowledged, approved by their signature hereto.

We have read the foregoing, and have explained its meaning to our child, and agree to the terms and conditions as stated. We the parents of the above signed applicant, give our consent to his/her participation in Anoka Area Ice Arena's High School Fall Conditioning.

I understand that as a condition of enrollment, I am responsible for providing medical insurance coverage for any medical expenses incurred.

Parent Signature Insurance Company

Policy Number _____ Special Medical Conditions or Allergies:

No _____ Yes _____ If yes; Explain _____

Please make your check or money order payable to: AAIA
You can drop off or mail your payment to: Anoka Area Ice Arena
4111 7th Ave. No. Anoka, MN 55303
763-427-8163
www.AnokaIceArena.com

**THIS FORM NEEDS TO BE COMPLETED AND SIGNED WITH PAYMENT
BEFORE ANY STUDENT CAN SKATE ON THE ICE.
NO EXCEPTIONS!**