

# *Las Vegas Academy of Skating*

## **Application**

Please fill out the form and send it to [rob.pallin@stationcasinos.com](mailto:rob.pallin@stationcasinos.com).

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: F M (Please circle one)

Parent/Guardian's Name: (Please PRINT) \_\_\_\_\_

Please any disabilities or prior injuries: \_\_\_\_\_

---

**Class Day:** (Please circle choice) **New Student**

Tuesday Saturday Wednesday Yes No

**Level:** (Please Circle One)

**Snowplow 1 2 3** (children 3-5 years old **must** have a bike helmet to participate.)

**Basic 1 2 3 4 5 6 7 8** (children 6 years old and up)

**Freeskate 1 2 3 4 5 6**

**Adult 1 2 3 4** (must be 16 years or older)

I understand that I/my child will be participating in the Las Vegas Academy of Skating. I also understand that participation in the ice skating school involves the risk of physical injury. I consent to I/my child's participation in the skating school and assume all risks of physical injury. I on behalf of myself, family, and child, release the Fiesta Rancho Casino Hotel Ice Arena, it's employees, coaches, officers, and directors, from any liability and responsibility for any injuries I/ my child may sustain.

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_