

LANHAM SKATE CENTER

ADULT SKATING LESSON REGISTRATION FORM



LANHAM SKATE

Name: _____

Address: _____

Date of Birth: _____

Phone: _____

Level:

- Beginner
- Intermediate
- Advanced

I, _____ hereby consent to attend the roller skating class at Lanham Skate Center. I understand I will not hold the Lanham Skate Center, its employees, and/or the teaching staff responsible for any personal injury, nor be party to any legal action against them.

Student's Signature: _____

Saturday – Noon to 12:30pm

Tuesday – 6:30pm to 7:00pm

\$40.00 a month

Classes start the beginning of each month.

Skate rental is available.