

**EACH SIX-WEEK SESSION INCLUDES:**

- **30 MINUTES OF HOCKEY SKATING ELEMENTS**
- **USE OF HELMETS & HOCKEY SKATES**
- **DIVIDED BY LEVEL—CLASSES RANGE FROM BEGINNER—ADVANCED**

**PRACTICE CARD GOOD FOR 6 FREE PUBLIC SESSIONS**

**PREREQUISITE:**

**ALL SKATERS MUST BE ABLE TO STAND AND WALK IN SKATES WITHOUT ASSISTANCE WHILE NOT ON ICE.**

**\*ALL SKATERS MUST COMPLETE LEVEL 2 OF THE LEARN TO HOCKEY SKATE PROGRAM BEFORE BEING ADMITTED IN THE LEARN TO PLAY HOCKEY PROGRAM.\***

**THE LEARN TO SKATE PROGRAM IS SPONSORED BY THE ST. JOSEPH PARKS, RECREATION AND CIVIC FACILITIES DEPARTMENT.**

**IN THE EVENT THAT THE ST. JOSEPH SCHOOL DISTRICT CANCELS CLASSES DUE TO WINTER WEATHER, THERE WILL NOT BE CLASS THAT EVENING. THE MISSED CLASS WILL BE MADE UP AT THE END OF THE SIX-WEEK SESSION.**

**\$75.00 FOR THE SIX-WEEK SESSION**

**PLEASE CALL:  
(816) 271-5506  
FOR ADDITIONAL INFORMATION  
INFORMATION**

# **BODE SPORTS COMPLEX LEARN TO HOCKEY SKATE**



**NOVEMBER  
DECEMBER**

**2023**

**BODE SPORTS COMPLEX  
2500 SW PARKWAY**

**PROGRAM DATES:**

**THURSDAY EVENINGS**

**6:00–6:30PM**

**NOVEMBER 2, 9, 16, 2023  
(BREAK THANKSGIVING WEEK),  
NOVEMBER 30, 2023  
DECEMBER 7, 14, 2023**

**\$75.00 FOR THE SIX-WEEK  
SESSION. SKATE RENTAL  
INCLUDED IN PROGRAM FEE.  
SKATERS RECEIVES A PUNCH  
CARD GOOD FOR SIX FREE  
PUBLIC SESSIONS.**

**REGISTRATION FORM**

NAME: \_\_\_\_\_

**(PLEASE PRINT NAME FOR CERTIFICATE PURPOSES)**

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FOR USFS PURPOSES ONLY.

GENDER: M \_\_\_\_\_ F \_\_\_\_\_

PAYMENT METHOD \$75.00 CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CC \_\_\_\_\_

**ACCIDENT WAIVER**

I UNDERSTAND THAT ICE SKATING & ACTIVITIES ASSOCIATED WITH THIS FORM OF RECREATION INCLUDES HAZARDS OF FALL, TRIPS & POTENTIAL HAZARDS ASSOCIATED WITH ACTIVITY ARE VIGOROUS AND DIFFICULT . WITH THAT UNDERSTANDING, I HEREBY WAIVE ALL CLAIMS FOR THE DAMAGES & NEGLIGENCE AGAINST THE CITY OF ST. JOSEPH, BODE SPORTS COMPLEX STAFF, IT'S EMPLOYEES, AGENTS & OR REPRESENTATIVES FROM ANY & ALL LIABILITY FOR ALL INJURIES WHICH I MIGHT SUFFER WHILE PARTICIPATION IN THIS ACTIVITY. I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ANY INJURY WHICH MAY RESULT OTHER THAN ACTS OF NEGLIGENCE COMMITTED BY THE CITY OF ST. JOSEPH, BSC STAFF, IT'S AGENTS, EMPLOYEES & OR REPRESENTATIVES.

PARENT/PLAYER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

