

# DAYTIME LEARN TO SKATE

**Moylan Iceplex**  
12550 W Maple Rd  
Omaha NE 68164  
p 402.431.0335  
f 402.431.8663  
[Moylaniceplex.com](http://Moylaniceplex.com)



## 2020 FALL

### Daytime

**2:00-2:45 pm**

**Tuesday**

**OR**

**Thursday**

**7 wks \$112**

**9/15,22,29**

**10/6,13,20,27**

**9/17,24**

**10/1,8,15,22,29**

- all ages & levels welcome
- skate rental included
- pro-rated late starts welcome
- complementary badge upon completion of each level
- internationally rated PSA Professionals, with multiple Master-Rated Professionals
- Skate an additional class for only \$8.00 (when registered for fall session, 24 hour notice required)

**Skating Director:**

Roxanne Tyler  
[RTyler@moylaniceplex.com](mailto:RTyler@moylaniceplex.com)

On-line registration available at [Moylaniceplex.com](http://Moylaniceplex.com)

Skater's Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

important to receive notices for class changes / cancellations / information regarding classes

Birthdate \_\_\_\_\_ Age \_\_\_\_ ( ) Male ( ) Female

Parents Names \_\_\_\_\_

Have you taken lessons before?

( ) yes, circle level completed Tots **1 2 3 4** LTS Level **1 2 3 4 5 6**

( ) no

What school do you attend? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

( ) I am interested in getting information on Private Lessons

Class Request (day/time) \_\_\_\_\_

Ice skating involves serious risk of injury, that may originate from falls, slips, blade cuts, collisions with other skaters and accidents associated with ice skating and the presence at the ice skating rink. Participant, or his/her legal Guardian, understands these risks and assumes them and therefore releases South Pacific Tranquility IcePlex, Dba Moylan Iceplex, their owners, operators, customers, visitors, instructors, and employers from all liability flowing from participation in group instruction, and any other activity conducted at Moylan Iceplex by Moylan Skating Staff including, but not limited to, payment of medical bills and any other compensation for injuries or death.

Class Fee \$ \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

Payment ( ) Cash ( ) Check # \_\_\_\_\_

Makes checks payable to: Moylan Iceplex

\* credit cards accepted at register