

# Outdoor Public Skate

**February 2021**, closed at 430 pm on Feb 7th, No 5 pm skate

Day	Hours
Mon-Fri	3:30-4:30 PM
Mon-Fri	5:00-6:00 PM
Saturday	3:45-4:45 PM
Saturday	5:15-6:15 PM
Saturday	6:45-7:45 PM
Sunday	11 AM-12 PM
Sunday	12:30-1:30 PM
Sunday	2:00-3:00 PM
Sunday	3:30-4:30 PM
Sunday	5:00-6:00 PM

## **Pre-Registration Required.**

**Skate Rental \$4.25 per pair**

No speed skates or double runners permitted on public skate sessions.

Private lessons allowed by IceLand staff only.

*All Times are Subject to Change*

**IceLand Ice Arena**  
8435 W. Ballard  
Niles, IL 60714  
Phone: (847) 297-8010  
Fax: (847) 298-5768  
[Iceland@niles-parks.org](mailto:Iceland@niles-parks.org)

**The fee for public skate is \$6.25 per person. Pre-Registration Required. NO Walk-ins.**

## **Season Passes**

	<u>Res</u>	<u>Non-Res</u>
Individual	\$125	\$150
Family of 2	\$175	\$220
Family of 3	\$225	\$270
Family of 4	\$275	\$330
Each additional	\$50	\$63

Season pass ID card photos must be taken at Howard Leisure Center  
6676 Howard Street, Niles.

Passes are valid December 2020 – November 2021.

Summer hours start in June  
Fees are not pro rated .



# Indoor Public Skate

February 2021

Day	Hours
Mon-Fri	10:30-11:30 AM
Mon-Fri	12:00-1:00 PM
Saturday	Outdoor
Sunday	Outdoor

**The fee for public skate is \$6.25 per person**

### Season Passes

	Res	Non-Res
Individual	\$125	\$150
Family of 2	\$175	\$220
Family of 3	\$225	\$270
Family of 4	\$275	\$330
Each additional	\$50	\$63

Season pass ID card photos must be taken at Howard Leisure Center  
6676 Howard Street, Niles.

Passes are valid December 2020 – November 2021.  
Summer hours start in June  
Fees are not pro rated .

Sorry, No Party Packages during this phase of Restore Illinois.

Masks must be worn while in the building and on the ice.

Pre-Registration is required. Email registration to [Iceland@niles-parks.org](mailto:Iceland@niles-parks.org).

**NO Walk-Ins**



**Skate Rental \$4.25 per pair**  
No speed skates or double runners permitted on public skate sessions.  
Private lessons allowed by IceLand staff only.

*All Times are Subject to Change*

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"Experience the Rewards!"

# IceLand Public Skate

## February 2021

Closed 430 pm on February 7th

*All Times are Subject to Change  
See schedule for days & times*

Day	Hours	Fees
Mon-Fri 1030 am	Indoor	\$6.25
Saturday & Sunday	Outdoor	\$6.25

### COVID-19 Guidelines

Public skate sessions limited to 25 skaters,

**Masks are required at all times, including while on ice skating.**

Waiver must be completed for each skater.

No walk-ins. Registration must be completed in advance by email or phone if prior registration and COVID waiver is on file.

No spectators allowed in fenced area, or building.

Skaters will enter the rink 10 minutes before session.

Outdoor benches are available for outdoor rink. No locker rooms, water fill stations or indoor benches. Washrooms limited to one person.

Skaters must exit the rink immediately at the end of the session via the designated exit.

Social distance of six feet must be practiced on the ice.

Anyone violating any of the guidelines will be denied entry to the rink.

Skaters are encouraged to bring hand sanitizer and not touch any surfaces while in the building.

Rental skates are available, see rental pre-registration form, IDPH Safe Sport Guidelines and tier 1 mitigation to be followed.

Once registered there are NO refunds, transfers or credits for missed sessions.

If session is cancelled by Iceland due to weather, full refunds will be given.

IceLand Ice Arena  
8435 W. Ballard  
Niles, IL 60714  
Phone: (847) 297-8010  
Iceland@niles-parks.org  
Fax: (847) 298-5768



**IceLand Ice Arena**8435 W. Ballard Road  
Niles, IL 60714

# February Public Skate Registration

Primary Household Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Program Code	Date& Time	Day	Fee	Registrant's First & Last Name	Age	Birth Date
133222			\$6.25			
			\$6.25			
			\$6.25			
			\$6.25			

Register for public skate:

By fax or email

No walk-ins or cash  
payments

Phone: (847) 297-8010

Fax: (847) 298-5768

IceLand@niles-parks.org

Payment Method:

Visa

Master Card

Discover Card

\$ \_\_\_\_\_ Total Fees

**Credit Card Information**

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Amt.: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ICE-SKATING PROGRAM WAIVER & RELEASE**

The Niles Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Niles park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for ice-skating activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Niles Park District

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning of risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver. There will be NO MAKE-UPS for missed sessions, NO REFUNDS issued after registered and No transfer of days or times.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

IceLand Ice Arena  
8435 W. Ballard Road  
Niles, IL 60714

# IceLand Skate Rental February

Primary Household Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Program Code	Date& Time	Size	Fee	Registrant's First & Last Name	Age	Birth Date
133401			\$4.25			
			\$4.25			
			\$4.25			
			\$4.25			
			\$	<b>Total Fees</b>		

**Register:**  
By fax or email  
No walk-ins or cash  
payments  
Phone: (847) 297-8010  
Fax: (847) 298-5768

**Payment Method:**  
Visa  
Master Card  
Discover Card

Credit Card Information	
Name: _____	Exp. Date: ____/____/____
Signature: _____	Amt.: \$ _____
Card Number: _____	

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### WARNING OF RISK

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Niles Park District

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims.

**PARTICIPATION WILL BE DENIED** if the signature of adult participation or parent/guardian and date are not on this waiver.

**There will be NO MAKE-UPS for missed sessions, NO REFUNDS issued after registered and No transfer of days or times.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



## COVID 19 GUIDELINES AND WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries, illnesses and damages including COVID related symptoms while participating in this program.

### Guidelines

The following guidelines shall apply to all Niles Park District activities while the State of Illinois remains in Tier 1 of Governor Pritzker's Restore Illinois program. The guidelines may be amended or updated from time to time by email notification based upon directives from State or local government or public health officials, guidance from other organizations or other events. New guidelines will be provided, and will be binding on all participants, upon the entry into Phase 4 of the Restore Illinois program. All participants must agree to comply with these or any other guidelines issued by the Niles Park District.

- Any participant who is experiencing any COVID-19 symptoms, including but not limited to fever, aches or respiratory issues, are prohibited from participating in any Niles Park District activities.
- Any participant who has been exposed to anyone having the COVID-19 virus or displaying symptoms of the COVID-19 virus, may not participate in any Niles Park District activities until they have been quarantined for at least fourteen (14) days without exhibiting any COVID-19 symptoms.
- Any participant who learns they have contracted the COVID-19 virus after participating in any Niles Park District activity and who may have exposed other participants must notify the Niles Park District immediately.
- All Niles Park District activities will be limited to 25 or fewer participants.
- Skaters may not share equipment. All players must bring their own equipment.
- Masks and other face coverings must be worn at all times.
- Practice activities shall be conducted in a manner reasonably designed to maintain social distancing where possible.

- All participants should bring hand sanitizer to each activity. Sanitizer should be applied at the beginning, the end, and periodically during activities.
- Participants should refrain from touching their faces during activities.
- Participants must clean up after themselves at the end of the activity.
- Participants may not consume snacks during the activity.
- No locker rooms, or water fill stations are available
- Seating is available outdoor to tie skates.
- No spectators allowed in outdoor rink area, only paid skaters.
- NO refunds, make-ups or day/time transfers for missed sessions.
- If session is cancelled by Iceland due to weather, full refund will be issued.

## Waiver

- I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as of result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as the "District").
  
- I have read the COVID guidelines above and agree to comply with guidelines as they may be amended from time to time.
  
- I acknowledge the risk to have contact with individuals, who may have been exposed to and/or have been diagnosed with COVID-19 and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact or close proximity with an individual with COVID-19.
  
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, sickness, illness or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with any programs or activities.
  
- If registering on-line or via fax your on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.
  
- Additionally by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.
  
- Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.
  
- I have read and fully understand the above warning of risk and assumption of risk and waiver and release of all claims. I understand that once registered, there are no refunds for missed sessions or transfer of days.

PLEASE PRINT Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ (18 years or older or Parent/Guardian)

DATE \_\_\_\_\_