

Skating Club of Hingham @ the Mark Bavis Ice Arena, Rockland "Skate With Us" Registration & Release Form 2011-2012 Skating Season

Please PRINT the following information legibly:

Child's Name: _____

Street: _____ If known, last level of skating _____

Town: _____ Zip Code: _____

Email: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____ Emergency Phone: _____

Registration/payment enclosed is for: (please choose option)

Learn to Skate Program *only* (\$45.00 per month) Crossover Club Program *only* (\$45.00 per month)

BOTH Programs (\$75 for 1st month) Annual Registration Fee (required) \$40

TOTAL PAID \$ _____

Release of Liability: In consideration for use of the facilities, programs, equipment, etc. of the Skating Club of Hingham (SCOH), Inc., I agree to indemnify and hold harmless the SCOH, the Mark Bavis Ice Arena, their directors, officers, members, employees, agents, legal representatives, successors and assigns, of and from all liability, expenses, costs, damages and/or losses of any kind arising out of property, occurring on or off the ice.

IF UNABLE TO REACH THE DESIGNATED PARENT/GUARDIAN DURING A MEDICAL EMERGENCY, THE SKATING CLUB OF HINGHAM IS GRANTED PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT.

I have read this release and fully understand the terms. I intend this application to take effect as a sealed instrument.

Parent/Guardian Signature: _____ Date: _____

(If 18 years of age or older, applicant may sign)

I recognize the dangers inherent in figure skating. I realize _____ (child's name) may be subject to injury from this activity and that no form of preparing can remove all danger which _____ (child's name) is exposed to.

I am aware of the safety policy requiring the use of a protective helmet, which could prevent damage in the event of an accident. _____ (initial) I am refusing this critical safety precaution. _____ (initial)

Please note: The SCOH does not supply skates or helmets. Also, no parent/guardian is allowed on the ice at any time.

Please return completed form with payment to: Skating Club of Hingham, P.O. Box, Accord, MA 02018

For Office Use Only:

Paid by Check _____ Check Number _____ Amount _____ Date _____

Paid in Cash _____ Amount _____ Date _____

USFS Registration Number _____ New _____ Renew _____ Date _____