

**Skating Club of Hingham/Silver Blades
2024 LATE SPRING & SUMMER SKATING CONTRACT APPLICATION**

Name of skater: _____ **DOB:** _____
Address: _____
Contact person: _____ **Phone:** _____
Email: _____ **USFS#:** _____
Coach: _____ **Coach cell#** _____

LATE SPRING SESSION – May 13th thru June 29th

Check the session(s) you are contracting. Selections are not guaranteed until payment in full is received.

*Mondays (6 wks)	Wednesdays (7 wks)	Fridays (7 wks)	Saturdays (9 wks)
4:00-4:30 PM _____	4:00-4:30 PM _____	3:20-3:50PM _____	10:50-11:20AM _____
4:30-5:00 PM _____	4:30-5:00 PM _____	3:50-4:20PM _____	11:20-11:50AM _____
5:00-5:30 PM _____	5:00-5:30 PM _____	4:20-4:50 PM _____	

**No ice memorial day, 5/29*

SUMMER SESSION – July 1st thru August 29th

Check the session(s) you are contracting. Selections are not guaranteed until payment in full is received.

Mondays (9 wks)	Wednesdays* (8 wks)	Thursdays (9 wks)
5:00-5:30 PM _____	3:50-4:20 PM _____	3:40-4:10 PM _____
5:30-6:00 PM _____	4:20-4:50 PM _____	4:10-4:40 PM _____
6:00-6:30 PM _____	4:50-5:20 PM _____	4:40-5:10 PM _____
6:30-7:00 PM _____	5:20-5:50 PM _____	5:10-5:40 PM _____

**No JULY 3rd!!*

RATE SCHEDULE IS FOR SCOH/SB MEMBERS ONLY (Non-members pay higher walk-on rate). All walk-on ice must add \$1 to venmo prices listed below.

Contract Rate for SCOH/SB MEMBERS ONLY (Non-members not eligible to contract ice at listed prices)

30-min selection on any given day \$15.00 (walk-on is \$16)

60-min selection on same day: \$24.00 (walk-on is \$25)

90-min selection on same day: \$36.00 (walk-on is \$37)

PAYMENT for Spring Ice

of 30 min Sessions ___ x ___ weeks @\$15.00 = _____

of 60 min Sessions ___ x ___ weeks @\$24.00 = _____

of 90 min Sessions ___ x ___ weeks @\$36.00 = _____

PAYMENT for Summer Ice

of 30 min Sessions ___ x ___ weeks @\$15.00 = _____

of 60 min Sessions ___ x ___ weeks @\$24.00 = _____

of 90 min Sessions ___ x ___ weeks @\$36.00 = _____

TOTAL PAID \$ _____

Payable by check or venmo (@Skate-Club-Hingham). Application not accepted without signature on Page 2!

PAID BY: VENMO _____ (@skate-club-hingham) CHECK # _____ (make payable to SCOH. Payment is due at the beginning of each contracted session. There are no refunds once payment is made.)

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Skater parent/guardian agrees to abide by all the provisions set forth by The Skating Club of Hingham, Silver Blades, and Bavis Arena, as well as all additional rules put in effect during the term of the membership. KNOW ALL PEOPLE BY THESE PRESENTS that for and in consideration of the granting of permission to use any or all of the facilities, programs, equipment, etc. of the Skating Club of Hingham/SB (SCOH), Inc., I do hereby indemnify and hold harmless the SCOH, the Mark Bavis Arena, inside the Mass Sports Complex, (MBA), all 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 injuries or illness (Covid-19) to any person or persons (including death) or damage to any property of any kind whatsoever in connection with the use of the facilities, programs, equipment, etc. of the SCOH, and/or the MBA, which against the SCOH, the MBA, their directors, officers, members, employees, agents and/or legal representatives, their successors and assigns, any person ever had, now has or which the successors and assigns of such persons or any other persons hereinafter can, shall or may have for and by reason of cause, matter or thing whatsoever from the beginning of the world to the date of these presents and forever thereafter.

Parent/Guardian Signature: _____

Date: _____

ACKNOWLEDGEMENT AND AGREEMENT TO ICE RULES

Skater parent/guardian agrees to abide by all the provisions set forth by The Skating Club of Hingham/Silver Blades as stated in the Club's Ice Rules and Guidelines. I hereby attest that I have read and agree to ALL rules, and will abide by said rules or will be subject to loss of ice privileges without refund. No refunds for ice not used.

Parent/Guardian Signature: _____

Date: _____

MEDICAL RELEASE AGREEMENT

In times of medical emergency, if the SCOH is unable to reach a parent or guardian, I hereby grant the Skating Club of Hingham permission to obtain required "Emergency Medical Treatment" on my child's behalf. I do hereby indemnify the SCOH and those individuals so acting in my best interest from any loss per the provisions of the agreement as detailed in the section above. This release remains in effect for the duration of my contract in the Skating Club of Hingham unless cancelled by me in writing.

Emergency Telephone Number: () _____ Contact: _____

IN WITNESS WHEREOF, and intending to be legally bound hereby, I have executed these Agreements this ___ day of _____, 2024.

Signature: Parent or Legal Guardian.