



VETERANS MEMORIAL ICE SKATING RINK

Town of West Hartford * Department of Leisure Services
56 Buena Vista Rd. West Hartford, CT 06107 860- 521-1573



skatevmsr.com

REGISTRATION FORM

Please Print and Circle Your Choices

Participant's Name: _____ Cycle #: _____

Class: LTS1 LTS 2 ^{last} LTS3 ^{first} LTS4 Class Code: _____

JR SR AM ADULT Day: Mon Tue Wed Thu Fri Sat

Class Time: _____ to _____ Fee: _____

Retain this portion of the form as your receipt after the registration has been processed through the office

PLEASE PRINT CLEARLY

Participant's Name: _____ D.O.B.: ___/___/___ Age: ___ Sex: F M

^{last} ^{first}

Home Phone: _____

Parent/Guardian: _____ Work Phone: _____

^{last} ^{first}

Address: _____ Town: _____ State: _____ Zip: _____

Email Address: _____

Class: LTS1 LTS2 LTS3 LTS4 Cycle #: _____

JR SR AM ADULT Class Code: _____

Day: Mon Tue Wed Thu Fri Sat

Class Time: _____ to _____ Fee: _____

All Fees are Non Refundable

GUARDIAN RELEASE

Acknowledging that ice skating is a hazardous activity, I agree that the Town of West Hartford, its agents, servants and employees shall not be liable to me for any injury or damage resulting directly or indirectly from my or my child's participation in skating, whether incurred on the ice or otherwise in or about the building. I further agree that I will not sue, arrest, attach or prosecute any said persons for any injury or damage, and I release and discharge the Town of West Hartford, its agents, servants and employees from all actions, claims and demands I may have from any injury or damage.

Parent/Participant Signature: _____ Date: _____

(Signature of parent or guardian if participant is under 21 years of age.)

Card#: _____ VISA MC

Name on Card _____ Exp. Date _____

Cashier: _____