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:_____
last *first*

Class: LTS1 LTS2 LTS3 LTS4 JR SR AM ADULT H-LTS HOCKEY **Session #:** _____

Class Time:_____ **to** _____ **Day:** Mon Tue Wed Thu Fri Sat

Cycle Dates:_____ **to** _____ **Fee:**_____

- ✳ **CLASSES WILL BE CANCELLED WHEN WEST HARTFORD PUBLIC SCHOOLS ARE CLOSED DUE TO WEATHER.**
- ✳ Registration is taken on a first come, first served basis since class sizes are limited.
- ✳ Full payment must accompany all registrations.
- ✳ Make checks payable to: **Town of West Hartford**. ***ALL FEES ARE NON REFUNDABLE!***
- ✳ Registration fees include the cost of lessons and ice time. Fees do not cover skate rentals.
- ✳ **There are no make ups for missed classes.**

Retain this portion of the form as your receipt <u>after</u> 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:**_____

List any allergies, health or behavioral issues, illnesses, special needs, etc. of participant that we should be aware of:

_____

Email Address:

Class: LTS1 LTS2 LTS3 LTS4 JR SR AM ADULT H-LTS HOCKEY **Session #:** _____

Class Time: _____ **to** _____**Day:** Mon Tue Wed Thu Fri Sat

Class Code:_____**Fee:**_____
All Fees are Non Refundable

<u>GUARDIAN RELEASE</u>

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:

_____