Winter Garden Ice Arena Registration Application 2016-17
JAGUARS EARLY REGISTRATION DUE by MAY 31, 2016

Mailing Address: 111 Prospect Ridge, Ridgefield, CT 06877 **Phone:** 203-438-4423 **Fax:** 438-3108

Last Name Father Mother

Address e-mail address REQUIRED

Town State/Zip Home Phone Cell Phone

Participant(s) :

First Name	*Birthdate*	*Program Name*	*Fee $*

PAYMENT IN FULL MUST BE RECEIVED WITH REGISTRATION
EARLY REGISTRATION DEADLINE 5/31/16

Total Program Fees **$_____**

Payment Method: ☐Credit Card (**VISA, MASTERCARD, AMERICAN EXPRESS** ☐ Check, check #_____

If payment is made by credit card, I authorize Winter Garden Ice Arena, LLC to charge the balance due on my account without further notice. Further, I authorize future charges to be made with verbal authorization over the telephone.

Credit Card No.:_____ Exp. Date:_____

Signature:_____ Name on Card:_____

Cancellation/Refund Policy:
Requests to cancel a Program must be submitted in writing to the Winter Garden office. Verbal cancellations are not valid. Refunds, less a $65.00 administrative fee, will be made for cancellation requests received 30 days prior to the start of season programs, or clinics. No refunds can be made after the start of a program or clinic.

Release & Consent
In consideration of being allowed to participate in any way in Winter Garden Ice Arena Programs, and related events and activities, including all aspects of travel, the undersigned member and/or parent/guardian for minor age members:

1. Acknowledge and fully understand that each participant and/or observer will be engaging in activities that involve risk of serious injury, including permanent disability and death which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the conditions of the premises, or of any equipment used. Further, that there may be other risks not known to us or reasonably foreseen at this time.

2. Acknowledge all the foregoing risk and accept personal responsibility for the damages following such injury.

3. Release, waive, discharge, and covenant not to sue Winter Garden Ice Arena, their administrators, directors, agents, business affiliates, other employees of the organization, and other members, from all liabilities to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property whether incurred on the ice or otherwise in or about the building or grounds, or traveling related to Winter Garden programs, caused or alleged to be caused in whole or in part as the result of participation in or observation of skating, hockey, or other activities.

4. Grant permission, if I/we the undersigned parent(s) or guardian(s) cannot be reached for any said person to obtain medical care and treatment from any physician, nurse, ambulance attendant, hospital or medical clinic, should the undersigned become ill or injured during skating, or related activities.

I/We have read and understand the above and the club membership policies, and sign it voluntarily

Signature Required Signature Required Date

☐ CHECK HERE IF YOU ARE INTERESTED IN COACHING