



Winter Garden Registration Application 2016/2017 Season

Mailing Address: 111 Prospect Ridge, Ridgefield, CT 06877 Phone: 203.438.4423 Fax: 438.3108 www.WinterGardenArena.com

ON LINE REGISTRATION AVAILABLE AT WWW.WINTERGARDENARENA.COM

Last Name _____ Father _____ Mother _____

Address _____ eMail Address - required _____

Town _____ State/Zip _____ Home Phone _____ Work Phone _____

Participant(s) and Program(s) Information:

First Name Birthdate Program Name-Day of Week-Time of Day \$ Fee

For Registrations received before 8/15/16

For registrants paying by Credit Card, a minimum deposit of 50% of the Total Program Fees is due at the time of registration. Final Balance will be charged in full on August 15, 2015. For registrants paying by check or cash, full payment is due at the time of registration.

Total Program Fees \$ _____
Deposit Due with Registration \$ _____
Balance Due \$ _____

For Registrations received after 7/15/16

Balance in full is due at registration.

Returned Checks & Denied Credit Cards:

A \$25 fee will be assessed.

Would you like to be contacted about COACHING? Check:

Payment Method:

VISA, MasterCard, or American Express Only



Credit Card Check, check # _____

If payment is made by credit card, I authorize Winter Garden Ice Arena, LLC. to charge the "Deposit Due" now, and the "Balance Due" on my account on the due date, without further notice. Further, I authorize future charges to be made by 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 Winter Garden Ice Arena, LLC. Verbal cancellations are not valid. Refunds, less \$65 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 this time.

Release & Consent

In consideration of being allowed to participate in any way in Winter Garden Ice Arena, LLC. 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 action, inaction or negligence of others, Winter Garden Ice Arena, LLC., 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 not reasonably foreseen at this time.

2. Assume all the forgoing risk and accept personal responsibility for the damages following such injury.

3. Release, waive, discharge, and covenant not to sue Winter Garden Ice Arena, LLC., 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, whether caused by negligence of Winter Garden Ice Arena, LLC., or alleged to be caused, or caused by the negligence of the releases, or traveling related to Winter Garden Ice Arena, LLC. programs, caused or alleged to be caused in whole or in part as a 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 attended, hospital or medical clinic, should the undersigned become ill or injured during skating, or related activities.

I/We have read, understand and agree to the above and Winter Garden Ice Arena, LLC. Policies, and sign it voluntarily.

Parent Signature Required

Date