

Winter Garden Ice Arena Registration Application 2014-15

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

ONLINE REGISTRATION AVAILABLE AT www.wintergardenarena.com

Last Name _____ Father _____ Mother _____

Address _____ e-mail address **REQUIRED** _____

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

Participant(s) :

First Name Birthdate Program Name—Day of week— Time Fee \$

For Registrations received before 7/15/14

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, 2014. For registrants paying by check , Or Cash, full payment is due at time of registration.

For Registrations received after 7/15/14:

Balance in full is due with registration

Returned Checks & Denied Credit Cards:

A \$25 fee will be assessed

Total Program Fees \$ _____

Deposit Due with Registration \$ _____

Balance Due \$ _____

Would you like to be contacted about
COACHING Youth Hockey? Check

Payment Method:

(VISA OR MASTERCARD ONLY) - WE DO NOT ACCEPT AMERICAN EXPRESS OR DISCOVER



Credit Card 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 that time.

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

.....
Parent Signature Required

.....
Date

Please complete Skills Evaluation for each Learn to Skate

Student 1

Student Name _____

Date of Birth _____

Father's Name _____ Work Phone No. _____

Mother's Name _____ Work Phone No. _____

Skating Skills

- Beginner Yes No
- Skate Forward Yes No
- Skate Backward Yes No
- Stops Yes No

Skated in formal Program(s) before? Yes No
If yes, When & Where?: _____

Badges Earned: _____

Special Needs: _____

Student 2

Student Name _____

Date of Birth _____

Father's Name _____ Work Phone No. _____

Mother's Name _____ Work Phone No. _____

Skating Skills

- Beginner Yes No
- Skate Forward Yes No
- Skate Backward Yes No
- Stops Yes No

Skated in formal Program(s) before? Yes No
If yes, When & Where?: _____

Badges Earned: _____

Special Needs: _____

Student 3

Student Name _____

Date of Birth _____

Father's Name _____ Work Phone No. _____

Mother's Name _____ Work Phone No. _____

Skating Skills

- Beginner Yes No
- Skate Forward Yes No
- Skate Backward Yes No
- Stops Yes No

Skated in formal Program(s) before? Yes No
If yes, When & Where?: _____

Badges Earned: _____

Special Needs: _____
