



# Learn to Skate Application Spring 2008 (March & April)

Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male /Female

Email Address: \_\_\_\_\_

Have you ever been enrolled in the Learn to Skate Program? YES\_\_\_\_ NO\_\_\_\_

Level Working On in Learn to Skate Program \_\_\_\_\_

Please choose from the following class times:

<b>Kids Class</b>	<b>Friday</b>	<b>1-2pm</b>	<b>Cost</b>	<b>\$128</b>	_____
<b>Learn to Skate</b>	<b>Thursday</b>	<b>4:50-5:50pm</b>	<b>Cost</b>	<b>\$128</b>	_____
<b>Learn to Skate</b>	<b>Saturday</b>	<b>9-10am</b>	<b>Cost</b>	<b>\$128</b>	_____
<b>Learn to Skate</b>	<b>Sunday</b>	<b>4pm-5pm</b>	<b>Cost</b>	<b>\$128</b>	_____
<b>Freestyle &amp; Adult Workshop</b>	<b>Saturday</b>	<b>10:15-11:05am</b>	<b>Cost</b>	<b>\$160</b>	_____
<b>Freestyle &amp; Adult Workshop</b>	<b>Sunday</b>	<b>5:10-6:00pm</b>	<b>Cost</b>	<b>\$160</b>	_____
<b>Adults Only Classes</b>	<b>Sunday</b>	<b>6:00-7:00pm</b>	<b>Cost</b>	<b>\$128</b>	_____

**US Figure Skating Membership Dues (required annually)** Cost **\$20** \_\_\_\_\_  
**Membership Year September 1, 2007-August 31, 2008**

**Parent/Sibling Skating Fee:** Name \_\_\_\_\_ Cost **\$25** \_\_\_\_\_  
(Not Available for Name \_\_\_\_\_ Cost **\$25** \_\_\_\_\_  
**Freestyle or Adult Workshop)**

**Total Cost** \_\_\_\_\_

You may pay by Cash, Check, Visa, MC, Discover, American Express. Please make payable to ISCC. If paying by credit card, please fill out the following information:

Credit Card Information: MC \_\_\_\_\_ Visa \_\_\_\_\_ Disc \_\_\_\_\_ Amex \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Payments and applications can be sent to:  
International Skating Center of Connecticut  
Attn: Learn to Skate  
1375 Hopmeadow Street, P.O. Box 577  
Simsbury, CT 06070

You may fax your application to 860-651-5204.  
For more information, please call Shannon Pastizzo,  
Learn to Skate Director, 860-651-5400 ext.11

**Please sign the waiver on page two of this form.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



## WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the International Skating Center of Connecticut, L.L.C. programs, events, related events, and activities, the undersigned understands, appreciates, acknowledges, and agrees that:

- 1) The risk of injury from activities involved in these programs, events, related events, and activities is significant, including but not limited to the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE INTERNATIONAL SKATING CENTER OF CONNECTICUT, L.L.C., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
date signed

### **PARTICIPANTS OF MINORITY AGE**

(under the age of 18 years at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above from all the releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
date signed

HOCKEY     FS     OTHER \_\_\_\_\_

ENTERED IN WAIVER FILE