



Winter Vacation Camps ages 5-11

December 28-31, 2009 - \$160

February 15-19, 2010 - \$195

9:00am to 3:00pm

Choose your favorite program:
Hockey or Figure skating

- At least 2 hours on ice each day
- Learn the skills of skating and prepare for next season's youth hockey and/or figure skating programs.
- Fun games, crafts and off-ice activities!
- Camp t-shirt and a picture of YOU on our zamboni included!
- Camp is limited, so sign up now!

To register: fill out the back side of this form and mail it or drop it by: Riley Rink at Hunter Park, PO Box 835, Manchester Center, VT 05255

Camp Freeze Registration Form

Name _____ D.o.b _____ age _____
 Name _____ D.o.b _____ age _____
 Name _____ D.o.b _____ age _____

Address _____ Phone _____
 _____ email _____

Parent/guardian _____
 emergency contact _____ emergency phone _____

Please indicate your choice : ___ Hockey ___ Figure

What to bring: Wear warm clothes that can be layered, mittens or gloves, socks and a bicycle helmet. Hockey: Helmet, mouth guard, stick and gloves required.

Rentals included: street shoe size _____

Questions: 802-362-0150 ext. 201

___ # campers x Dec - \$160 / Feb - \$195 = ___

___ # early drop off days x \$5 = ___ T W TH Early drop off at 8:30am
Circle days requesting

___ # late pickup days x \$10 = ___ T W TH late pick up by 4:00pm
Circle days requesting

total due	\$ _____
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Cash ___ check ___ credit card ___ visa ___ master card ___ American express ___

Cc # _____ expires on _____ signature _____

Liability and medical release

In consideration of your permitting (PLAYER) _____ to use the Riley Rink facility in Manchester, Vermont, for any purpose whatsoever, I hereby covenant and agree with Riley Rink, the officers, agents, and employees, and all persons engaged as instructors or administrators in any programs in which he/she may be participant, to indemnify and hold harmless, each and every one of them from and against all claims, liability, loss cost, damages and expenses which may in any way arise out of, or in conjunction with, the use by him/her or such facility; including without limitation all claims he/she might have for personal injury or property damages to him/her or so arising. I also give consent to administer first aid and emergency transport to the nearest medical facility.

Date: _____ Signature: _____
parent or guardian

Office use only:	Date recv'd _____	confirmed _____	added to roster _____
Total due _____	Total paid _____	Balance due _____	check/cash _____