2009/2010 ICE PROGRAMS REGISTRATION FORM

Please indicate your choice below:

ADULT LEAGUES/PICK-UP		***INSTRUCTIONAL***		***WALKON***	
□ Adult B-League *(W & F 9:30pm, Th 8:00pm)*	$495	□ Parent & Me *(T or W; 10-11am)*	$60/$15	□ Stick & Puck *see calendar*	$6
□ Adult C-League *(Sun 6:30pm & 8:00pm)*	$495	□ Beg. Hockey *(child – Sun 4:00-5:00pm)*	$95	□ HS Pick-up *see calendar*	$10
		□ Beg. Hockey *(child/adult – Sun 4:00-5:00pm)*	$140/$15	□ Snow Day	$40/day
		□ Beg. Hockey *(adult – Sun 4:00-5:00pm)*	$130/$18		
□ Adult Pick-up *(Sun 7:15-8:30pm)*	$299/$18	***PASSES***		□ Other _____	$ _____
□ Adult "A/B" Pick-up *(Tues 9:30-10:45pm)*	$299/$18	□ Public Skate Season Pass *by 10/31 (F)*	$275/(I)$136 *after10/31 (F)*	$340/(I)$170	
□ Adult "C" Pick-up *(Tues 8:00-9:15pm)*	$299/$18	□ Stick & Puck Season Pass *by 10/31 (F)*	$224/(I)$116 *after10/31 (F)*	$280/(I)$145	
		□ Combo Season Pass *by 10/31 (F)*	$360/(I)$220 *after 10/31 (F)*	$450/(I)$275	

□ **Season** □ **Session 1** □ **Session 2** □ **Walk-on** **Sorry, no refunds or make-ups on missed sessions.**

Name: _____/_____/$_____ Date of Birth: _____Age_____
participant #1 program fee

Name: _____/_____/$_____ Date of Birth: _____Age_____
participant #2 program fee

Name: _____/_____/$_____ Date of Birth: _____Age_____
participant #3 program fee

Name: _____ Total fees due $_____ Date of Birth: _____Age_____
parent/guardian – please print

Address: _____ Phone: _____

_____ E-mail: _____

Paid By (All fees payable to Riley Rink at Hunter Park): Cash _____ Check _____ Check Number _____

Credit Card ____: Master Card _____ Visa _____ American Express _____

Credit Card Number: _____ Expiration Date: _____ CVV# __ __ __

Emergency Contact: _____ **Emergency Phone:** _____

Insurance Company: _____ **Policy Number**: _____

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 a 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 connection with, the use by him/her of 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: _____
Participant

OFFICE USE ONLY

DATE: _____ AMOUNT PAID: $_____ RUNG IN _____ SOLD BY: _____

PAYMENT METHOD: CASH _____ CHECK _____ CHECK # _____ CREDIT CARD _____

This waiver will be kept on file and may be used for any RRHP class/program signed up during the 2009-2010 Ice Season.

P. O. BOX 835, MANCHESTER CENTER, VERMONT 05255 (802) 362-0150