

RILEY RINK AT HUNTER PARK
P.O. BOX 835 MANCHESTER CTR., VT 05255
802-362-0150

2010 SCHOOL SKATING PROGRAM REGISTRATION

School: _____ Day: _____
(Same day as JISP)

Time: All skate times for this program are from 1:00pm – 2:45pm. School groups attend on their established JISP day from January 4th through March 5th, excluding the week of February 15th (vacation week).

Fee: \$83.00 per student (\$205.00 maximum per family) if purchased by **December 18, 2009**, includes skating instruction, rental skates, and a free skate time following lessons. **After December 18, 2009** fee is \$100.00 per student, (\$245.00 maximum per family).

Scholarship applications must be submitted by December 18, 2009.

Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____ Level (circle one): Beginner Intermediate Advanced

Parents: _____

In Case of Emergency - Contact _____

Phone: _____

Will your child need to use rental skates? Yes _____ No _____ Street shoe size _____ Hockey/Figure _____

Paid By: (checks payable to Riley Rink)

Cash _____ Check _____ Check Number _____ Credit Card _____

Credit Card: Master Card _____ Visa _____ Amex _____

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

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: _____
Parent or Guardian

____ **Yes, my child's photo may be used in Riley Rink at Hunter Park press releases and promotions.**

OFFICE USE ONLY

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

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

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PARENT VOLUNTEERS

Can you volunteer?

Your schools program needs drivers, on ice monitors and off ice monitors. (covering warm room, foyer, and bathroom areas)

If you can volunteer please fill out the information below.

Name: _____ Phone: _____

Address: _____

State: _____ Zip: _____

Volunteer position(s): _____

*Parents are responsible for transportation. Parents driving can skate for free. Rental skates are available for driver for \$6.00

HELMET ORDER FORM

\$25.00 if purchased by Dec. 18, 2009 - 20% discount (does not include tax)

Name: _____ Phone #: _____

School: _____

of helmets _____ Color Choice (please circle): Black Blue Red Total due _____

Paid By: (checks payable to Riley Rink)

Cash _____ Check _____ Check Number _____ Credit Card _____

Credit Card: Master Card _____ Visa _____ Amex _____

Credit Card Number: _____ Expiration Date: _____