

SHARPER EDGE SKATING SCHOOL (mailing address only)
100 POWDERMILL RD- PMB 233
ACTON, MA 01720 (978) 369-0088



"LEARN TO PLAY Hockey" APPLICATION

Skater's Name: _____ DOB: _____

Address _____ City _____ Zip: _____

Age: _____ M/F Skating Level: _____ Phone: _____

Parents' Names: _____ / _____

Emergency Contact: _____ Emergency Phone: _____

Parents' Email Address: _____
 (Print Clearly)

June Mini Session 05/26/20 – 06/20/20

There is a one time nonrefundable Registration fee of \$15.00 per child not to exceed \$30.00 per family per skating year. (Summer Rate Only)

***For information regarding Family Discounts, please refer to our website at www.SharperEdgeSkating.com

***Classes are subject to change due to enrollment. Sorry, there are no refunds once the session starts.

Please mark 1st, 2nd and 3rd choices in the left margin.

Please Note: You will be given your first choice unless there are scheduling conflicts.

We will notify you with any changes. Confirmations will not be sent.

Your child is not enrolled in class until completed form and full payment are received.

PLEASE NOTE: The SESS staff reserves the right to change your child's placement and level. The SESS Hockey Program is for those skaters who have mastered the skills of "Learn to Skate." Full hockey equipment is required.

	Saturday	All Levels	11:30 – 12:10 pm	4 weeks	40 minutes	\$88.00
	Tuesday	All Levels	4:00 – 4:45 pm	4 weeks	45 minutes	\$96.00
	Tuesday	All Levels	4:45 – 5:30 pm	4 weeks	45 minutes	\$96.00

CONFIRMATIONS WILL NOT BE SENT.

Due Date: 05/12/20

Classes will fill quickly. Sign-up early!

Registration Fee: *Summer Rate* <small>If not previously paid</small>	\$15.00
Late Fee: Received after 05/12/20	\$10.00
TOTAL:	

Please send signed form and payment in full to the address written above by **05/12/20**.
 A \$10.00 late processing fee will be applied to all applications received after the due date.

Visit our website at: www.SharperEdgeSkating.com

Sharper Edge Skating School Waiver and Release

I hereby assume all risks and hazards incident to participation in any and all Sharper Edge Skating School activities. I hereby waive, release Sharper Edge Skating School, their professionals and employees of any harm and injury.

X _____ Date: _____

Signature (Parent or Guardian if skater is under 18)

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the SHARPER EDGE SKATING SCHOOL INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, 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 VALLEY SPORTS INC. and SHARPER EDGE SKATING SCHOOL, INC. 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, DISABILITY, DEATH, or loss or damage to person property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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

X _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE AT 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 of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____

Parent/Guardian's Signature

Emergency Phone # (s)

Date Signed: _____

Additional Emergency Contact Info: Name: _____

Phone #: _____