

Learn to Skate Registration Form

Name of Participant _____ DOB _____ Age _____

Parent(s) Names: _____ e-mail _____

Address: _____ Township _____

Phone: Home _____ Work _____ Cell _____

*If your child is interested in continuing to skate after the Learn to Skate program is complete
Please check below which group you would be interested in receiving information on:*

Figure Skating First Year Group _____ Learn to Play Hockey 101 _____

Participation Fee \$35.00 **Date Paid** _____ **Check #** _____ **Cash** _____

Equipment	Deposit	Size Taken	Size to order	Initial
Skates	\$30.00	_____	_____	_____

Deposits can be made by check, cash or credit card.

Deposit Received \$ _____ **Check #** _____ **Cash** _____

Credit Card # _____ **Exp Date** _____ **MC** ___ **Visa** _____

I, _____, have accepted in good faith the above listed equipment, which is the property of The Hayward Sports Center. The above deposit has been made to secure the return of said equipment at the end of the above listed program. I understand that any unusual damage or loss is my responsibility and agree to forfeit deposit and understand I will be billed the difference to cover the replacement cost.

Parent/Guardian Consent Statement:

In consideration of my child's/wards participation in any skating activity at the Hayward Sports Center, I acknowledge that I understand the nature of this activity. I understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused due to my child's/wards actions or by the actions of others. I fully accept and assume all risks and all responsibilities for losses, costs and damages incurred as a result of my child's/wards participation in the activity.

I further agree to indemnify, save and hold harmless the HSC, Inc. its officers, agents, volunteers and employees for any accidents, injury, claims, damages, action, cause of action, judgment of liability of any type, arising directly or indirectly for the use of the HSC property.

Nor withstanding anything to the contrary, if I am successful in any suit, action, or proceedings against them for any damages, loss, cost of expense (including punitive damages) the award (including court costs) shall be limited to the amount of fee paid by me to the Hayward Sports Center as a participant.

***I acknowledge that I have read this waiver of liability and express assumption
of risk agreement and fully understand it.***

Signed _____ **Date** _____ **Relationship to Skater** _____

Below to be filled out by Sports Center personnel upon return of equipment

Date equipment returned _____ **Authorized Signature** _____

Date deposit returned _____ **Comments:** _____