



2018 – 2019
Registration & Release Form
SC of Hingham at Mark Bavis Arena

Please PRINT the following information legibly:

Skater's Full Name: _____ Parent/Guardian: _____

Street: _____ Town _____ Zip Code: _____

Experience: (Check) None Public Skating 0-1 year of Group Lessons 2 yrs of Group+

Skater Date of Birth (**REQUIRED for registration**): _____ (*Must turn 3 years of age by start of skating session*)

Email: _____ Best Phone to Contact: _____
(*email is REQUIRED for confirmations and schedule updates*)

Please Choose Session(s) for: Beginner Class Age 3 to 5 _____		Learn to Skate Ages 6 + _____		Adult class _____	
<input type="checkbox"/> Session 1 (Sept 16 th – Oct 28 th) \$130 (7 wks)	<input type="checkbox"/> Session 2 (Nov 4 th – Dec 23 rd) \$145 (8 wks)	<input type="checkbox"/> Session 3 (Jan 13 th – Mar 3 rd) \$145 (8 wks)	<input type="checkbox"/> Session 4 (Mar 10 th – Apr 21 st) \$130 (7 wks)		
<input checked="" type="checkbox"/> Annual Registration Fee (required) \$30*		TOTAL DUE* (PLUS \$30 annual fee) \$ _____			
(valid from 9/1/18 – 4/30/19)		<i>*Annual Registration Fee is per skater once per Season. For 3rd sibling+, take half off session cost. If paying for all 4 sessions, take \$30 discount off FINAL TOTAL.</i>			

Release of Liability: In consideration for use of the facilities, programs, equipment, etc. of the Skating Club of Hingham (SCOH), Inc., I agree to indemnify and hold harmless the SCOH, USFS/Learn to Skate USA, the Mark Bavis Ice Arena, and their directors, officers, members, employees, agents, legal representatives, successors and assigns, of and from all liability, expenses, costs, damages and/or losses of any kind arising out of property, occurring on or off the ice. I recognize the dangers inherent in ice skating. I realize my child may be subject to injury from this activity and that no form of preparing can remove all danger which my child is exposed to. IF UNABLE TO REACH THE DESIGNATED PARENT/GUARDIAN DURING A MEDICAL EMERGENCY, THE SKATING CLUB OF HINGHAM IS GRANTED PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT.

Photos taken during class time, practice time, or special events hosted by SCOH may be used for promotional and/or marketing purposes on our website, facebook page or brochures. No names of any skaters will ever be used unless permission is granted ahead of time by parent/guardian on record.

NO REFUNDS will be issued once payment is processed. There are no make-up classes. No refunds or makeups for rink closing due to weather or mechanical problems. No parent/guardian is allowed on the ice at ANY time (except for Family Skates after signing waiver). I have read this release and fully understand the terms. I intend this application to take effect as a sealed instrument.

Parent/Guardian Signature: _____ **Date:** _____
(If 18 years of age or older, applicant may sign)

I am aware of the safety policy requiring the use of a protective helmet, which could prevent damage in the event of an accident and I am refusing this critical safety precaution. _____ (initial ONLY if refusing)

Please return application & payment to: Skating Club of Hingham, 6 Reservoir Rd, Cohasset, MA 02025 (Check or cash only. Payment made be made in person at Bavis Arena during SC of Hingham ice times. See website.)