Skating Club of Hingham/Silver Blades 2023-2024 WINTER SKATING CONTRACT APPLICATION

lame of skater:	ame of skater:		DOB:	
\ddress:				
Contact person:				
:mail:		USFS#:		
Coach:		Coach cell#		
		I – Starts Nov 29 th ,		
`	Selections are not guarante	eed untii payment in full is	received.	
neck the session(s) you are co	ntracting. Each selection ho	as <u>12 weeks</u> :		
12/4-3/4*	11/29-2/14	12/1-2/16	12/2-2/17	
Mondays	Wednesdays	Fridays	<u>Saturdays</u>	
3:20-3:50 PM	3:20-3:50 PM	3:20-3:50PM	10:50-11:20AM	
3:50-4:20 PM	3:50-4:20 PM		11:20-11:50AM	
4:20-4:50 PM	4:20-4:50 PM		- -	
(*No ice 12/25, 1/1)				
RATE SCHEDULE FOR SCC	DH/SB MEMBERS ONLY			
Rate for SCOH/SR FIGURE	SKATING MEMBERS ONLY			
30-min selection on any g				
60-min selection on same	·			
90-min selection on same	e day: \$36.00			
30-minute sessions: \$15.0	00			
PAYMENT				
# of 30 min Sessions	_ x 12 weeks @\$15.00 = _			
# of 60 min Sessions	_ x 12 weeks @\$24.00 = _			
# of 90 min Sessions	x 12 weeks @\$36.00 = _			
TOTAL PAID for FALL S	ession \$			
NON- MEMBER CLUB Rat	tes			
30-min session: \$18.00				
60-min session: \$29.00				
90-min session: \$39.00				
DAID DV	1000.05) outou :		
PAID BY: VENMO	I(a)\(\frac{1}{2}\) tHingham	<u>)</u> CHECK #(ma	re navanie to SCOH	

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Skater parent/guardian agrees to abide by all the provisions set forth by The Skating Club of Hingham, Silver Blades, and Bavis Arena, as well as all additional rules put in effect during the term of the membership. KNOW ALL PEOPLE BY THESE PRESENTS that for and in consideration of the granting of permission to use any or all of the facilities, programs, equipment, etc. of the Skating Club of Hingham / Silver Blades (SCOH/SB), Inc., I do hereby indemnify and hold harmless the SCOH/SB, the Mark Bavis Arena, inside the Mass Sports Complex, (MBA), all 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 injuries or illness (Covid-19) to any person or persons (including death) or damage to any property of any kind whatsoever in connection with the use of the facilities, programs, equipment, etc. of the SCOH/SB, and/or the MBA, which against the SCOH/SB, the MBA, their directors, officers, members, employees, agents and/or legal representatives, their successors and assigns, any person ever had, now has or which the successors and assigns of such persons or any other persons hereinafter can, shall or may have for and by reason of cause, matter or thing whatsoever from the beginning of the world to the date of these presents and forever thereafter.

Parent/Guardian Signature:	
Date:	
MEDICAL RELEASE AGREEMENT	
n times of medical emergency, if the SCOH/SB is unable to reach a parent or guardian, I hereby grant the Skating Club of Hingham/permission to obtain required "Emergency Medical Treatment" on my child's behalf. I do hereby indemnify SCOH/SB and those indivisor acting in my best interest from any loss per the provisions of the agreement as detailed in the section above. This release remains affect for the duration of my contract with the Skating Club of Hingham/SB unless cancelled by me in writing.	/iduals
Emergency Telephone Number: () Contact:	
N WITNESS WHEREOF, and intending to be legally bound hereby, I have executed these Agreements this day of	, 2023.

Signature: Parent or Legal Guardian.