



**2023 – 2024  
LEARN TO SKATE USA  
SC of Hingham at Mark Bavis Arena**

Please PRINT the following information legibly. Pre-registration required! NO WALK-Ins!

Skater's Full Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Street: \_\_\_\_\_ Town \_\_\_\_\_ Zip Code: \_\_\_\_\_

Skater Date of Birth (**REQUIRED for registration**): \_\_\_\_\_ Age: \_\_\_\_\_  
(Must turn 3 years of age by start of first week of chosen skating session)

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Email is **REQUIRED** for a registration to be valid, and is used for all confirmations and schedule updates. Please print legibly.)

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

**Please Choose Session(s): Cost of each session is \$230 per child.**

Session 1 (Sept 16<sup>th</sup> – Oct 28<sup>th</sup>)

Session 4 (Mar 2<sup>nd</sup> – Apr 20<sup>th</sup>)

Session 2 (Nov 4<sup>th</sup> – Dec 16<sup>th</sup>)

Session 5 (Apr 27<sup>th</sup> – June 8<sup>th</sup>)

Session 3 (Jan 6<sup>th</sup> – Feb 24<sup>th</sup>)

**Annual Registration Fee (required) \$40\***

**TOTAL DUE (with annual fee\*) \$ \_\_\_\_\_**

\*Annual Registration Fee is per skater once per Season (valid from 9/1/23 – 6/30/24)

**Release of Liability:** In consideration for use of the facilities, programs, equipment, etc. of the Skating Club of Hingham/Silver Blades, I agree to indemnify and hold harmless the SCOH/SB, 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, including Covid-19 or other illnesses. 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/SILVER BLADES IS GRANTED PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT. By signature on this application, permission is granted to take photos during SCOH/SB programs that may be used for promotional and/or marketing purposes on our website, facebook, instagram pages or brochures.

**NO REFUNDS** will be issued once payment is received. There are no make-up classes. No refunds or makeups for rink closures due to, but not including, pandemics, weather, mechanical, and /or scheduling problems. No parent/guardian is allowed ON the ice at ANY time (except for Family events). I have read this release and fully understand the terms. Any individual not following safety procedures posted at arena will be asked to leave. I intend this application to take effect as a sealed instrument. CANCELLATIONS DUE TO WEATHER ARE POSTED ON OUR FACEBOOK PAGE ONLY.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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)

**PAYMENT OPTIONS:** VENMO OR CHECK (No cash accepted). Please indicate payment type below.

Check # \_\_\_\_\_ VENMO date \_\_\_\_\_ (@Skate-Club-Hingham)

**Mailing Address: Skating Club of Hingham, 6 Reservoir Rd, Cohasset, MA 02025**

**Email Address : [skatingclubofhingham@gmail.com](mailto:skatingclubofhingham@gmail.com)**

*Enrollment in class and future sessions is only guaranteed upon FULL payment. We do NOT hold spots.*

**SKATING CLUB OF HINGHAM 2023/2024 WAIVER**

Skating Club of Hingham (SCOH) will abide by the measures in place at Bavis Arena in accordance with current guidance, to reduce likelihood of the spread of COVID-19. However, SCOH cannot guarantee that I or anyone else will not become infected with COVID-19, including my spouse, children, guests, other children, or relatives. Participation in SCOH programs, related event, or activity, could increase the risk of contracting COVID-19. By signing this agreement, I ACKNOWLEDGE the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that I may be exposed to or infected by COVID-19 by participating in a SCOH program, related event, or activity. I understand that the risk of becoming exposed to or infected by COVID-19 during SCOH programs, related event, or activity may result from the actions, omissions, or negligence of myself or others, including, but not limited to, SCOH officers, volunteers, program participants, and/or general public. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I UNDERSTAND AND AGREE that this release includes any Claims based on the actions, omissions, or negligence of SCOH, its officers, employees, agents, vendors, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SCOH program, related event, or activity.

**In consideration of being allowed to participate in SCOH programs, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS SCOH its officers, officials, agents and/or employees, other participants, directors, sponsors, and, if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

\_\_\_\_\_  
**Participant's Full Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**