

**2020 Skating Club of Hingham
FALL SKATING CONTRACT APPLICATION
September 9th to December**

Name of skater: _____
Address: _____
Contact person: _____ **Phone:** _____
Email: _____ **USFS#:** _____
Coach: _____ **Coach cell#** _____
Home Club (as of 7/1/20): _____

**Fall Session – Wednesday, Sept 9 – Monday, November 30 (12 weeks)
(Check sessions you would like to contract each week)**

<u>Monday</u>	<u>Wednesday</u>	<u>Friday</u>	<u>Saturday</u>
3:20-3:50PM _____	3:20-3:50PM _____	3:20-3:50PM _____	10:50-11:20AM _____
3:50-4:20PM _____	3:50-4:20PM _____	3:50-4:20PM _____	11:20-11:50AM _____
4:20-4:50PM _____	4:20-4:50PM _____		

SCOH FIGURE SKATING MEMBER FEES FOR FALL SESSION

Multiply total # of sessions chosen x 12 wks x \$10.00 Total Due for Session 1 \$ _____

NON-MEMBERS FIGURE SKATING FEES FOR FALL SESSION

Multiply total # of sessions chosen x 12 wks x \$11.00 Total Due for Session 1 \$ _____

NON-MEMBERS MUST PREPAY FOR THE CONTRACTED SESSIONS IN FULL.

SCOH Members can chose to have their ice billed monthly. Payment due on Sept 4th, Oct 1st, Nov 1st. Selections are not guaranteed until payment is received. SCOH Full members are required to purchase 6 hrs per month. SCOH Beginner members are required to purchase 4 hrs per month.

HOCKEY PRIVATE LESSONS ICE FEES (must be purchased in packs of 5)

First pack of 5 (30 Min) ice blocks for Fall starting Sept 9th. \$75
 Additional pack of 5 (30min) lessons at \$12 each \$60 x # ___ of packs = \$ _____

WALK-ON RATES (if space allows):

Walk-on rate for Non-Members 30-minute session: \$12.00
 Hockey walk-ons (not contracted in advance) 30-minute session: \$15.00

Payment by Venmo (@SC-OfHingham) or Checks ONLY (payable to Skating Club of Hingham)
Payment is due at the beginning of each contracted month. There are no refunds once a month has started.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Skater parent/guardian agrees to abide by all the provisions set forth by The Skating Club of Hingham, 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 (SCOH), Inc., I do hereby indemnify and hold harmless the SCOH, 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, and/or the MBA, which against the SCOH, 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

In times of medical emergency, if the SCOH 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 the SCOH and those individuals so acting in my best interest from any loss per the provisions of the agreement as detailed in the section above. This release remains in effect for the duration of my contract in the Skating Club of Hingham unless cancelled by me in writing.

Emergency Telephone Number: () _____ Contact: _____

Emergency Telephone Number: () _____ Contact: _____

IN WITNESS WHEREOF, and intending to be legally bound hereby, I have executed these Agreements this ____ day of _____, 2020.

Signature: Parent or Legal Guardian.