

# Learn to Skate



## Bolton Ice Palace Summer 2019

145 Hop River Road, Bolton, CT 06043  
646-7851

[www.boltonicepalace.com](http://www.boltonicepalace.com)

July 8 – August 29, 2019



**Contact: Anita @  
860-305-9402**

### REGISTRATION FORM

[anicarr@charter.net](mailto:anicarr@charter.net)

**Payable to Bolton Ice Palace**

All Sessions subject to cancellation due to low enrollment



Name(s) \_\_\_\_\_ Age \_\_\_\_\_ New Registration? Yes No

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent \_\_\_\_\_ Phone \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

E-mail \_\_\_\_\_ Date of Birth (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_ US Citizen Y \_\_\_ N \_\_\_

		<u>COST</u>		
		Session 1	Session 2	Both
<b>Youth (All Ages): Monday 6:00 – 7:00 pm</b>				
Session #1: ___ Jul 8 – Jul 29 (4 weeks)	Session #2: ___ Aug 5 – Aug 26 (4 weeks)	\$85	\$85	\$155
				
<b>Bridge: Wednesday (Open to Basic 6+) 5:00 – 6:00 pm</b>		\$85	\$85	\$155
Session #1: ___ Jul 10 – Jul 31 (4 weeks)	Session #2: ___ Aug 7 – Aug 28 (4 weeks)			
				
<b>Adult/Teen: Thursday 5:00 – 6:00 pm</b>		\$85	\$85	\$155
Session #1: ___ Jul 11 – Aug 1 (4 weeks)	Session #2: ___ Aug 8 – Aug 29 (4 weeks)			
				

Updated 4/7/2019

Rentals are included in the price of the class or bring your own single-blade skates. Helmets (bike, hockey, ski or horse) are required for all skaters age 7 and under, mittens or gloves, snowpants are recommended for Tots. Children under the age of 11 cannot be left unattended. Parents must remain at the rink.

#### STATEMENT OF RELEASE

It is fully understood that Bolton Ice Palace, LLC, its officers, employees and coaches assume no responsibility or liability for the injuries or loss of property which might occur during the above listed skating classes to any participant or spectator of the class. In consideration of the acceptance of this application, I, the undersigned, waive any claim or cause of action which might accrue against Bolton Ice Palace, LLC, its officers, employees and coaches by reason of personal injuries, loss of or damage to property while at the Bolton Ice Palace. I understand the above statements and agree to this waiver.

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

PAYMENT: | AMOUNT \_\_\_\_\_ | CHECK # \_\_\_\_\_ CHARGE \_\_\_\_\_ CASH \_\_\_\_\_