

# Bolton Ice Palace

## 2016/2017 HOMESCHOOL SKATING PROGRAM

Wednesdays, 1:30 – 2:30 PM



Name of Skater(s): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M\_\_ F\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

New Registration? Yes No Parent: \_\_\_\_\_

Session #1: \_\_\_ Sept 7 - Oct 26

Session #2: \_\_\_ Nov 2 - Dec 21

Session #3: \_\_\_ Jan 4 - Feb 22

Session #4: \_\_\_ Mar 1 - April 19

Session #5: \_\_\_ Apr 26 - May 24

(5 week session - \$85)

All Sessions subject to change

Updated 8/15/16

Helmets are recommended for all beginner level skaters ages 7 and under. Children under the age of 11 cannot be left unattended. Parents must remain at the rink. We reserve the right to alter/cancel a session. **There are no make-up classes or refunds**

### 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call Anita @ <a href="tel:860-305-9402">860-305-9402</a> Email: <a href="mailto:anicarr@charter.net">anicarr@charter.net</a>		Questions? Call Anita @ <a href="tel:860-305-9402">860-305-9402</a> Email: <a href="mailto:anicarr@charter.net">anicarr@charter.net</a>
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### Each 8 week Session:

1 skater	2 skaters	3 skaters	4 skaters	5 or more skaters
\$135	\$270	\$365	\$365	\$45 each add'l
		10% discount	4 <sup>th</sup> child free	skater

(Includes instruction, skates, ice and registration fees)

Make checks payable to Bolton Ice Palace

145 Hop River Road, Bolton, CT 06043

PAYMENT:		AMOUNT _____		CHECK # _____	CHARGE _____	CASH _____
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