

Totsicles

WEDNESDAYS 10:00 - 11:00 AM

LEARN TO SKATE PROGRAM FOR CHILDREN AGES 3-5

INCLUDES:

- 6 WEEK SESSION
- 30 MINUTES OF INSTRUCTION
- 30 MINUTES OF SUPERVISED PRACTICE
- SKATES RENTALS

IF A PARENT WOULD LIKE TO JOIN THEIR CHILD DURING THE SESSION, THE COST IS \$5.00 PER WEEK (INCLUDES SKATE RENTAL)

Price-\$129.00. Register online at MILFORDICE.COM

For more information, contact Rachel Ricca at MilfordIceRachel@gmail.com



MILFORD ICE*291 SUB WAY, MILFORD, CT 06461*203.878.6516
MILFORDICE.COM

TOTSICLES MILFORD ICE REGISTRATION

NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

EMERGENCY NAME & PHONE: _____

PARENT NAME(S): _____

EMAIL ADDRESS: _____

\$129.00

Must be paid in full with completed application and waiver.

Make check payable to:

Milford Ice

291 Sub Way

Milford, CT 06461



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**MILFORD ICE ARENA RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT
OF MINORS TEMPORARILY SEPARATED FROM PARENTS OR GUARDIANS**

I, _____, wish to skate and/or have my child, _____ skate on ice made available for purchase by MILFORD ICE, LLC. In consideration of the acceptance of this registration, I understand that by signing this form, I give up the right to sue MILFORD ICE, LLC or its shareholders for any claim including, but not limited to negligence for injuries or loss of property, which might occur to skating and/or non-skating participants during normal activities, inside or outside of the MILFORD ICE, LLC. facility.

I understand that ice skating is a hazardous recreational activity and that I assume the risk of any injury, which may occur to me as a result of my participation in ice skating, both on and off the ice surface(s).

I, the undersigned parent or legal guardian, hereby appoint in advance of any specific need for treatment and care, any MILFORD ICE, LLC official, who are of lawful age, for the purpose of authorizing and consenting to hospital emergency care and/or medical care or treatment, but not including elective treatment of the above named minor for any illness and/or injury incurred while I am away from MILFORD ICE, LLC, or otherwise unable to give such consent. I understand that I am responsible for any and all costs and expenses for emergency care and/or medical care or treatment rendered to the above-named minor and that I will be billed for these services directly by the doctor and/or hospital. This authorization shall remain in force for one year following enrollment, or until personally revoked in writing by the undersigned.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree that this release will remain in effect indefinitely with my continued participation at the MILFORD ICE, LLC arena. I grant permission to use photographs, videos and / or images of myself and / or my child in advertising and promotional materials for the MILFORD ICE arena.

I understand that I am also signing a binding contract for the purchase of subscription ice time.

By Checking this box, I acknowledge and agree to all of the terms and conditions as specified above and also on the accompanying informational flyer.

Signature of Parent/Skater: _____

Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you want to receive information on (check all that apply): Hockey ___ Skating lessons ___ General info ___
Public Skate

