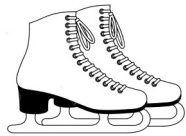


# MILFORD MISSION

## AN ADAPTIVE SKATING PROGRAM FOR INDIVIDUALS WITH SPECIAL NEEDS



The Milford Mission is run under the direction of Rachel Ricca. Rachel has over 17 years of involvement working with children and young adults affected by ASD and other disabilities. In addition, Ms. Ricca has more than 20 years of experience coaching both Figure and Power skating.

The program follows the “Special Skater” Curriculum offered by Learn to Skate USA. Learning to Skate provides many benefits including Proprioceptive and Vestibular Input, Crossing Midline Visual Scanning, Motor Planning, Social Skills Confidence, and Self Trust.

*“Rachel is an outstanding instructor. She is kind and encouraging, and my daughter looks up to her as a role model and mentor. For children with special challenges similar to my daughter, (movement related challenges and non-verbal) I would highly recommend skating with Rachel. She helps build critical coordination skills in a fun and highly supportive environment.”-Heather C., Shelton, CT.*

The philosophy of Milford Mission is to use the sport of ice skating for physical, mental and emotional growth of persons with any type of disability. Through ice-skating, people can achieve the physical benefits of improved posture, fine and gross motor coordination, strengthened muscles and improved balance and coordination.

Please join our class on the following Saturdays: May 4th, 11th & 18th, June 15th, 22nd & 29th from 3:30 to 4:30 pm. \$99.00

*For more information, contact Rachel Ricca at [MilfordIceRachel@gmail.com](mailto:MilfordIceRachel@gmail.com)*



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

# MILFORD MISSION REGISTRATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMERGENCY NAME & PHONE: \_\_\_\_\_

\_\_\_\_\_

ANY MEDICAL CONDITION WE SHOULD KNOW OF: \_\_\_\_\_

\_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**\$99.00**

**Must be paid in full with completed application and waiver.**

**Make check payable to:**

**Milford Ice**

**291 Sub Way**

**Milford, CT 06461**



MILFORD ICE\*291 SUB WAY, MILFORD, CT 06461\*203.878.6516

MILFORDICE.COM

**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

