

# Learn To Skate

at SportsCenter of Connecticut

## 2010 FALL SESSION

### 7 Sessions

Beginning Week of Sept. 7th

PRIVATE LESSONS AVAILABLE.

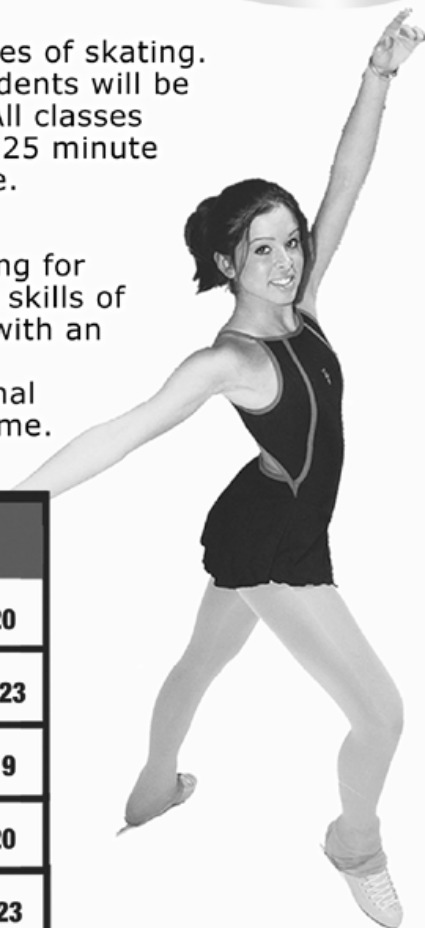
#### LEARN TO SKATE (AGES 4 TO ADULT)

Designed to teach beginners of all ages the basic techniques of skating. Whether it be figure, hockey or recreational skating, students will be well prepared to progress into their skating futures. All classes separated by age/skill level. Each session consists of a 25 minute instructional class and 25 minute practice time.

#### TOTS ON ICE (BOYS AND GIRLS AGES 3-6)

An introduction to the wonderful world of ice skating for pre-school/kindergarteners. Children learn the basic skills of skating while developing balance and coordination with an emphasis on group participation and fun.

Each session consists of a 25 minute instructional class and 25 minutes of supervised on-ice playtime.



Program Name	Ages	Day	Time	Dates
LEARN TO SKATE	4 TO ADULT	WEDNESDAY	4:00PM - 5:00PM	SEPT. 8 - OCT. 20
LEARN TO SKATE	4 TO ADULT	SATURDAY	9:30AM - 10:30AM	SEPT. 11 - OCT. 23
TOTS	3 TO 6	TUESDAY	10:00AM - 11:00AM	SEPT. 7 - OCT. 19
TOTS	3 TO 6	WEDNESDAY	10:00AM - 11:00AM	SEPT. 8 - OCT. 20
TOTS	3 TO 6	SATURDAY	9:00AM - 9:30AM	SEPT. 11 - OCT. 23
LTS - ADULTS	ADULT ONLY	FRIDAY	10:00AM - 11:00AM	SEPT. 10 - OCT. 22

## SPACE IS LIMITED! SIGN UP NOW!

TOP OF THE LINE SKATE RENTALS AVAILABLE.

\*All Children must wear a suitable helmet (at least a bike helmet) during lessons  
All classes less 10 minutes for ice resurfacing. **No Make-ups.**

784 River Road (Exit 53 off Merritt Pkwy) SHELTON

203-929-6500 (EXT. 12)



VISIT US AT: [WWW.SportsCenterCT.com](http://WWW.SportsCenterCT.com)



# Learn to Skate Registration Fall 2010

784 River Road, Shelton, CT 06484

203-929-6500 fax-203-929-7624

**(Payment in full must accompany enrollment. Thank you.)**

Participant Name: \_\_\_\_\_ Date of Birth:    /    /

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Town: \_\_\_\_\_ State/Zip \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

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

Skate Experience: none Limited Level # (circle if known) 1 2 3 4 5 6 7 8

Indicate program name/day/start time you wish to apply to :

<u>Program Name</u>	<u>Day</u>	<u>Start Time</u>	<u>Insert Price (\$)</u>
			\$159.00

<p><b>How did you hear about us- CHECK ONE:</b></p> <p><input type="checkbox"/> Friend    <input type="checkbox"/> B-day party    <input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Radio    <input type="checkbox"/> Web search    <input type="checkbox"/> Existing customer</p>
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Add: Insurance/session fee\*\*    \$10.00

Total \$\$ for Program:    \$169.00

Ref: LTS/ Fall 2010    Enrolled by: \_\_\_\_\_

<p><b><u>Credit Card Information:</u></b> I authorize The Rinks at Shelton to charge the above balance to my account without further notice.</p> <p>Credit Card #- _____ Exp. Date: _____ / _____ <b>3 digit CVC code</b></p>
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## The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
- PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- Arbitration: In further consideration of allowing me to participate in the aforementioned Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings.
- I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes. Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

PARTICIPANT HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Guardian or Participant Signature

\* 10 minutes for ice resurfacing for each class. No Make-ups. Pro-rata refunds only if due to injury/major sickness (Doctor's note required) net of \$35 admin fee. All programs are subject to availability. **All prices/programs are subject to change without notice.**

\*\* -Plus Insurance session fee which is retained by Rinks to reduce it's total insurance costs. This is not health insurance.