



# LEARN TO SKATE Winter 2015

## Champions Skating Center- Bushnell Park

6 Progress Drive Cromwell, CT 06416

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Name 1 \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ M F Level \_\_\_\_ New? Yes No  
 Name 2 \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ M F Level \_\_\_\_ New? Yes No  
 Name 3 \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ M F Level \_\_\_\_ New? Yes No  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 EMAIL \_\_\_\_\_ Phone \_\_\_\_\_ Parents Name \_\_\_\_\_

Enroll	Class Type:	Day:	Time:	Fee:	Dates:	Class Requirement:
<input type="checkbox"/>	Learn to Skate	Saturday	10:00 - 11:00 am	FREE	12/05/15 - 1/23/16	Children age 4yr and up

**LIABILITY WAIVER:** It is understood that Champions Skating Center, LLC assumes no responsibility or liability for injuries or loss of property, which might occur during skating activities. I hereby release Champions Skating Center, LLC from liability from injury suffered during participation, including injury resulting from negligence of Champions Skating Center, LLC. In consideration of the registration, the undersigned waives any claim or cause of action which might occur to him/her against Champions Skating Center, LLC by reason of injury or loss of or damage arising out of activities. I hereby grant permission to Champions Skating Center, LLC to photograph/video my child and use said photographs/video now and in the future for any and all marketing for the facility. I understand that photos/videos may be used without further notice or compensation and be available for download and distribution

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

Date \_\_\_\_\_

Printed Name : \_\_\_\_\_