

Little Renegades

Powerskating for Hockey Players



Skating skills for the game of hockey for Ages 5 & up.

9 Saturday Sessions

11:30am - 11:55am

March 10th - May 5th

REGISTER
ONLINE BY
FEB. 21ST FOR
\$10 OFF



We Teach:

- Stamina
- Turns
- Edge Work
- Stops
- Obstacle Course



Requirements:

Must be able to skate forward and backward. Helmet required: hockey gear optional.

Space in class is limited. 9 Sessions for \$109.

SIGN UP TODAY!!

784 River Road (Exit 53 off Merritt Pkwy) SHELTON

203-929-6500 (EXT. 12)

VISIT US AT:

www.SportsCenterCT.com





Little Renegades Late Winter 2012

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: _____ Town: _____ State/Zip _____

Gender: **M F** Home #: _____ Cell #: _____ Work# _____

E-mail: _____

Registration Fee	\$99.00
Session Admin	<u>10.00</u>
	\$109.00

code: Hockey Lessons
 Inputted by: _____

Credit Card Information:

I authorize The Rinks at Shelton to charge the above balance to my account without further notice.

Credit Card #- _____ Exp. Date: ____/____/____ 3 digit cvv2 code _____

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:

1. 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,
2. 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,
3. 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,
4. 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.
5. 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.
6. 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.

X _____
Parent/Guardian Signature

X _____ Date Signed: _____
Parent/Guardian (Please Print)

* 10 minutes for ice resurfacing for all classes. No Make-ups. No make-ups. Pro-rata refunds only if due to injury/major sickness (Doctor's note required) net of \$25 admin fee. All programs are subject to availability. **All prices/programs are subject to change without notice.**