

Learn to Skate

Bolton Ice Palace

Summer 2018

145 Hop River Road, Bolton, CT 06043

646-7851

www.boltonicepalace.com

July 9 – August 27, 2018



**Contact: Anita @
860-305-9402**

REGISTRATION FORM

anicarr@charter.net

Payable to Bolton Ice Palace

All Sessions subject to cancellation due to low enrollment

Name(s) _____ Age _____ New Registration? Yes No
 Street _____ City _____ Zip _____
 Parent _____ Phone _____ Gender M ___ F ___
 E-mail _____ Date of Birth (1) _____ (2) _____ (3) _____
 How did you hear about the program? _____ US Citizen Y ___ N ___

	<u>COST</u>			
	Session 1	Session 2	Both	
Youth (All Ages): Monday 6:00 – 7:00 pm				
Session #1: ___ Jul 9 – Jul 30 (4 weeks)	Session #2: ___ Aug 6 – Aug 27 (4 weeks)	\$85	\$85	\$155
				
Bridge: Wednesday (Open to Basic 6+) 5:00 – 6:00 pm				
Session #1: ___ Jul 11 – Aug 1 (4 weeks)	Session #2: ___ Aug 8 – Aug 29 (4 weeks)	\$85	\$85	\$155
				
Adult/Teen: Thursday 6:00 – 7:00 pm				
Session #1: ___ Jul 12 – Aug 2 (4 weeks)	Session #2: ___ Aug 9 – Aug 30 (4 weeks)	\$85	\$85	\$155
				

Updated 2/13/2018

Rentals are included in the price of the class or bring your own single-blade skates. Helmets (bike, hockey, ski or horse) are required for all skaters age 7 and under, mittens or gloves, snowpants are recommended for Tots. Children under the age of 11 cannot be left unattended. Parents must remain at the rink.

STATEMENT OF RELEASE

It is fully understood that Bolton Ice Palace, LLC, its officers, employees and coaches assume no responsibility or liability for the injuries or loss of property which might occur during the above listed skating classes to any participant or spectator of the class. In consideration of the acceptance of this application, I, the undersigned, waive any claim or cause of action which might accrue against Bolton Ice Palace, LLC, its officers, employees and coaches by reason of personal injuries, loss of or damage to property while at the Bolton Ice Palace. I understand the above statements and agree to this waiver.

Signature of Parent/Guardian: _____ Date _____

PAYMENT: | AMOUNT _____ | CHECK # _____ CHARGE _____ CASH _____