

FALL 2016 At The Falmouth Ice Arena...

SK8-4-FUN & Hockey 101

(Learn-To-Skate)

PLEASE SIGN UP IN ADVANCE...

Whether your child wants to play hockey, figure skate, or just skate recreationally....Participants will learn THE BASICS of ICE SKATING. Groups will be organized to accommodate the various ability levels.

- **Ages:** GIRLS & BOYS of ALL AGES... **GREAT for Beginners!!!**
- **Dates:** 10 Sunday Sessions October 2ND – December 11th, 2016
(NO Skating November 27, 2016)
- **Times:** Sk8-4-Fun 4:10 to 5:00PM (Beginner **Crates Only** Session)
 Sk8-4-Fun 5:00 to 5:50PM (**No Crates** Session)
 Hockey 101 6:00 to 6:50PM (With Sticks)
- **Equipment Required:** Hockey or Figure Skates, Helmet, and Gloves/Mittens.
Hockey 101 will also require Helmets w/ facemask, Elbow & Shin Pads and a Stick.
- If your skater was born in or after 2009, please also register **FREE** with USA Hockey
www.usahockey.com

Need more info???

Call: 508-548-7080 Ext.10 or Email: programs@falmouthicearena.com

(Detach bottom portion and turn in with check to Arena – Keep top portion for your information)

SK8-4-FUN & HOCKEY 101 FALL 2016 REGISTRATION

(Please make \$150.00 check payable to: "Falmouth Ice Arena")
Drop off or mail to: 9 Technology Park Drive E. Falmouth, MA 02536

Skater's Name: _____ Age: _____ Has been skating for how long? _____

Choose One: Sk8-4-Fun (**Crates Only**) 4:00PM Sk8-4-Fun (**No Crates**) 4:50PM Hockey 101 (**w/Stick**) 5:50PM

Parent's Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Accident Release: I do hereby release the Falmouth Ice Arena and its Owners, Directors, Instructors and Staff from any possible claims, liabilities, obligations, or responsibilities from any and all accidents or injuries, whether they be on ice or off, or hockey related or not, while my child is participating in the program. I further certify as to my child's sound health of mind and body. I intend this instrument to take effect as a sealed instrument.

Signature of Parent or Legal Guardian: _____ Date: _____

"Our organization does not discriminate on the basis of race, color, sex, disability, religion, national origin, age, or sexual orientation."