

# WINTER 2018 At The Falmouth Ice Arena...

## **SK8-4-FUN** (Learn-To-Skate)

### **\*Please Sign Up In Advance... Space is Limited\***

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 January 7<sup>th</sup>- March 18<sup>th</sup> (NO SKATING January 14<sup>th</sup>)
- **Times:**  Sk8-4-Fun 5:00-5:50PM (**Beginner Crates Only**)  
 Sk8-4-Fun 5:00-5:50PM (**NO CRATES**)
- **Equipment Required:** Hockey or Figure skates, helmet, and gloves/mittens
- If your skater was born in or after 2009, please also register FREE with USA hockey [www.usahockey.com](http://www.usahockey.com)

#### **Need more info??**

**Call:** 508-548-7080 x 10 or **Email:** [programs@falmouthicearena.com](mailto:programs@falmouthicearena.com)

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

### **Sk8-4-FUN WINTER 2018 REGISTRATION**

(Please make \$150 check payable to "Falmouth Ice Arena"  
Drop off or mail to: 9 Technology Park Dr. East Falmouth, MA 02536

Skaters Name: \_\_\_\_\_ Age: \_\_\_\_\_ Has been skating for how long? \_\_\_\_\_

Choose one:  Sk8-4-Fun (**Crates Only**) 5:00PM  Sk8-4-Fun (**No Crates**) 5:00PM

Parent's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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 or sex, disability, religion, national origin, age, or sexual orientation"