



LEARN TO SKATE FOR HOCKEY & FIGURE SKATERS

CAPE ANN SKATING CLUB 2017 & 2018



www.cafsc.org find us on facebook under Cape Ann Skating Club

WHO SHOULD ATTEND? GIRLS & BOYS AGES 4-12, TINY TOTS AGES 2 ½ & UP, TEENS & ADULTS GROUP

WHEN? GROUP LESSONS HELD TUES 6PM & SAT NOON FALL-SPRING. MORE TIMES AVAILABLE DURING DAYTIME*

WHAT DO SKATER'S NEED? WARM LAYERED CLOTHING, GLOVES OR MITTENS, & ANY TYPE OF SAFETY HELMET

OUR COACHES ARE PROFESSIONAL COACHES CERTIFIED BY USA HOCKEY AND US FIGURE SKATING ASSOCIATIONS.

2 LOCATIONS: GLOUCESTER & HAMILTON

Gloucester-Talbot Rink, O'Maley School, 32 Cherry St. (Classes always in session except holidays or rink closure due to weather.)
Hamilton-Johnson Rink, Pingree School, 537 Highland St. (Classes held only with sufficient enrollment. No classes during school vacation weeks & when Hamilton/Wenham elementary schools are cancelled or rink closure due to weather.)

Tuesday-6-6:50 PM (30-min. lesson/20-min. practice) -**GLOUCESTER** Talbot Rink

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Cost
9/12-10/24	10/31-12/12	12/19-1/30	2/6-3/20	3/27-5/8	5/15-5/29 (3 weeks)	\$140 7-Week Session

Saturday Noon-12:50 PM-(30-min. lesson/20-min. practice) -**GLOUCESTER** Talbot Rink

Session 1	Session 2	Session 3	Session 4	Session 5	Cost
9/16-10/28	11/4-12/30 (No 11/11, 12/2)	1/6-2/17	2/24-4/7	4/14-5/26	\$140 7-Week Session

Wednesday 12:35-1:20 PM (45-min. lesson)-**HAMILTON**, Johnson Rink, Pingree School

Session 1	Session 2	Session 3	Cost
11/1-12/20 (No 11/22)	1/3-2/14 (No 12/27, 2/21)	2/28-4/11	\$161 7-Week Session

Private Lessons and additional group lesson days & times are available.* For more information about private lessons & daytime class availability, **please email CapeAnnSkatingClub@yahoo.com.**

Skater's Name: _____ Age: _____

Adult Skater's Name: _____ Check if adult skater: _____

☐ Adult Lesson ☐ Adult Practice (Gloucester Practice Time Only-NO LESSON: (\$20 Session/\$3 prorated/\$5 1-time walk-on)

Address: _____ Email: _____ Tel#: _____

☐ Hamilton ☐ Gloucester Day: _____ Time: _____ Session: _____ No. Weeks: _____
(Prorate for late starts/start any time/any session)

Total Amount Due: \$ _____ **NO REFUNDS!** Per rink management reservation policies.

To Register: Please fill out Registration Form and CAFSC Hold Harmless Form (Page 2) & bring to rink-side or mail along with payment to: CAFSC PO Box 1193, Gloucester, MA 01930. MAKE CHECKS PAYABLE TO CAFSC.

FOR OFFICE USE:

CHECK NUMBER

AMT RECEIVED

Cape Ann Figure Skating Club Waiver/Release/Assumption of Risk - NO EXPIRATION DATE

The undersigned Participant or Parent/Guardian of the identified minor acknowledge and fully understand that Participant will be engaging in activities at the Talbot Ice Rink, Johnson Rink and/or other CAFSC property, and using equipment, harness, props, that may involve risk of serious injury, including permanent, temporary, total or partial disability, death, paralysis, illness or other harm, and that Participant voluntarily engages in such activities with adequate prior knowledge of such risks and dangers.

Such activities may involve ice skating, figure skating and ice sports. Participant or Parent/Guardian acknowledges that participation in ice sports, whether competitive, recreational, or instructional, including use of equipment for such purposes, is a potentially dangerous activity and that inherent in any ice sports is the risk of injury, including through over-exertion or exercise beyond my capability (or that of my child) or from other cause.

If Participant is engaged in a skating program (or other instructional activity) conducted by CAFSC, instructors are available to familiarize Participant with the CAFSC facilities and equipment used for such program and to assist participant in phases of the program.

Participant's assumption and acceptance of risks stated in this document include, but are not limited to, the following general areas:

1. Participation in any and all classes or individual instruction at CAFSC.
2. Participation in unsupervised activities at CAFSC and any other individual activities.
3. The use of any equipment.
4. Accidents occurring within auxiliary areas.

Participant acknowledges the existence of, and agrees to abide by, applicable rules, regulations, policies, and procedures of CAFSC (rules relating to use of the Talbot Rink, Johnson Rink, and other CAFSC facilities may be posted for your information and convenience, but the lack of posting shall not relieve Participant of this obligation).

Participant or Parent/Guardian agree to and do assume all legal and financial responsibility for (i) any and all risks and dangers associated with such activities, (ii) any and all injuries, damages and losses, whether to person or property, and whether physical, psychological, social or economic, that Participant may in any manner and from whatever cause or sustain in connection with such participation, including such injury or damage that may result not only from his/her own actions, inactions or negligence, but action, inaction or negligence of CAFSC or others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, and (iii) all treatment, hospitalization and other care rendered to Participant in the event of his/her illness, injury or other emergent circumstance in connection with any such participation. Participant or Parent/Guardian assume all the foregoing risks and accept personal responsibility for the damages following such injury, including permanent, temporary, total or partial disability, death, injury, illness or other harm.

Participant or Parent/Guardian hereby fully and forever release, discharge, hold harmless and agree to indemnify and not to sue CAFSC, its employees, directors, officers, volunteers, affiliates, representatives, agents, insurers and their respective successors and assigns, from and against any and all liabilities, losses, claims, demands, litigation, damages and judgments, present or future, known or unknown, valid or invalid, direct or consequential (whether physical, psychological, social, economic or otherwise), together with reasonable costs and attorney's fees which (i) result directly or indirectly from injuries, illness, disability (whether permanent, temporary, total or partial), death or other harm to Participant or Participant's and/or Parent's/Guardian's property, or the property of third parties, and (ii) are caused by or result, directly or indirectly, from Participant's conduct, acts or omissions while participating in any activities on or about CAFSC property.

PARTICIPANT FURTHER UNDERSTANDS THAT THIS DOCUMENT MAY NOT BE ALTERED IN ANY MANNER WITHOUT THE EXPRESS WRITTEN CONSENT FROM CAFSC AND THAT OF ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID, THE BALANCE SHALL CONTINUE IF FULL FORCE AND EFFECT.

Participant's Signature **Date** _____

Parent's/Guardian's Signature (Parent's/Guardian's Signature is required if Participant is under the age of 18) **Date** _____