

September - October 2020

# LEARN-TO-SKATE



## Learn - To - Skate Beginner Hockey

Boys & Girls Snowplow 1-4, Basic 1-Pre Free Skate, Adult 1-6  
Boys & Girls Basic skating skills required, taught w/out sticks or pucks.

- REGISTER ONLINE / BY MAIL TO RESERVE YOUR SPOT (ONLY 20 SPOTS AVAILABLE)
- Loaner Skates-\$20 Deposit (skaters will bring skates home until the end of session)
- Children 6 & under are encouraged to wear an Ice Skating helmet
- Year-Round Programs

For Information contact  
Skate Great Office (716) 345-8888  
West Seneca, NY 14224

**MONDAYS: Holiday Rinks 5:15-5:45 / 5:45-6:15**  
September 28, October 12, 19, 26

**TUESDAYS: Leisure Rinks 5:15-5:45 / 5:45-6:15**  
September 29, October 6, 20, 27

**THURSDAYS: Leisure Rinks 5:30-6:00**  
September 24, October 1, 8, 15, 22, 29



Registration Form for Fall Session 2020

Make check or money order payable to:



Skater's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### FALL SESSION 2 FORM WILL BE POSTED OCTOBER 1ST

	Level
<b>Mond</b>	<b>0</b>
<b>Tuesdays:</b> _____ Learn-to-Skate / _____ Beginner Hockey _____ 5:15-5:45 / _____ 5:45-6:15 _____ Leisure Rinks	<b>\$78.00</b>
<b>Thursdays:</b> _____ Learn-to-Skate / _____ Beginner Hockey _____ 5:30-6:00 _____ Leisure Rinks	<b>\$78.00</b>

#### SKATE GREAT COVID Waiver - COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me or my child of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I acknowledge my responsibility not to allow my child to practice if exhibiting symptoms of COVID-19. If, however, I (or my child) observe any symptoms during participation or practice, we have agreed to discontinue participation, and will bring such to the attention of the coach immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SKATE GREAT, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I or my child may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the session for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_ Yes, I give consent for Skate Great to use photographs my child. \_\_\_ No, I do not authorize Skate Great to use any photographs of my child.

Do you need rental skates? YES / NO Shoe Size: \_\_\_\_\_ Total Amount Paid (+\$20 Rental Skate Deposit) \_\_\_\_\_ Check # \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Skate Great assumes no responsibility for any accident or injury to any participant. No Refunds / Exchanges. \$50.00 fee for all returned checks.