

# LEARN-TO-SKATE



**Aurora Ice Association**



- **Ages 4 thru Adult: Beginner thru Advanced**
- **Pre-Registration required, very limited spaces available.**
- **Loaner Skates Available, limited quantity.**
- **Skaters 10 and under are encouraged to wear a helmet.**  
(Bike Helmets are okay)
- **No Makeups or refunds.**

**For Information call:**  
**Aurora Ice Association: (716) 805-7582**  
**OR**  
**Skate Great Director: Jessica Roswell**  
**(716) 228-0036 / sk8gr8info@gmail.com**

**East Aurora Classic Rink**

**Sunday 12:00-12:50**

\$105/7classes

**Monday 5:00-5:50**

\$105/7classes

**SESSION 1:** October 11 -November 22

October 12 -November 23

**SESSION 2:** November 29 - January 10

November 30 - January 11

**SESSION 3:** January 17 -February 28

January 18 -March 1

**www.classicrink.org**

**Registration Form – 2020-2021**  
**Make check or money order payable to:**  
**Aurora Ice Association**  
**41 Riley Street., East Aurora, NY 14052**



**Session# (Circle one):**     1   2   3

**SUNDAY 12:00-12:50** \_\_\_\_\_ / **MONDAY 5:00 - 5:50** \_\_\_\_\_

Skater's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

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

**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.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Paid \_\_\_\_\_ Check# \_\_\_\_\_

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