



# SKATE GREAT HOCKEY EDGE



This program is designed for the **EXPERIENCED** Hockey Boy/Girl looking to improve performance skills in both speed & control. Concentration on backward skating, stronger strides, cross-overs, & transitions. At least one year of experience is **REQUIRED**. Skaters are to wear full equipment – No Sticks.

Skaters will be broken into small groups (6:1 ratio) based on skating experience, skill level, and age. Groups are subject to change after the first week's observation. **Register quickly, very limited spaces!**

**Tuesdays: 4:15 – 5:15pm – Fall Session 2**

**Leisure Rinks**

\$180/ 6 classes

November 3, 10, 17, December 1, 8, 15

**Visit us on the web at: [www.sk8gr8.com](http://www.sk8gr8.com)**

**Current Level of Ability:**

Team \_\_\_\_\_ House / Travel (please circle one)

Squirt \_\_\_\_\_ PeeWee \_\_\_\_\_ Bantam \_\_\_\_\_

Mite \_\_\_\_\_ Other \_\_\_\_\_ (please explain)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Male/Female \_\_\_\_\_

Birthdate \_\_\_\_\_

E-mail (print clearly) \_\_\_\_\_

Age (\*Required) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Registration Form: Hockey Edge Fall 2-2020

Make check or money order payable to:

Skate Great

4536 Main St. Suite 102

Amherst NY, 14226



**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.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

CK# \_\_\_\_\_

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