

REGISTRATION FORM

Skater's Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Contact Name: _____

Email: _____

PLEASE CIRCLE PROGRAM REGISTERING FOR

Free Hockey 1 2

Snowplow Sam 1 2 3

Basic Level 1 2 3 4 5 6 7 8

Free Skate 1 2 3 4 5 6

Hockey Learn To Skate 1 2 3 4

In consideration of the participants and his or her parent(s) being permitted to register the participant in the above program, we do hereby forever release and discharge the Rink at Lehigh Valley and Lehigh Valley Recreation, Inc., its officers, agents, employees and any person, partnership or corporation connected herewith collectively "LV" from all manner of action, injury, damages, costs, claims or demands which we shall or may hereafter have suffer or receive by reason of such participation in the program. This release shall be binding on our heirs, successors, assigns, executors and administrators.

Signature of Parent or Guardian

Date

PLEASE NOTE. THERE ARE NO REFUNDS.

For Office Use Only

Session# 1 2 3 4 5 6

Check# _____ Cash _____ Amount \$ _____ Date _____ Passes _____

The Rink at Lehigh Valley 3323 7th Street Whitehall, PA 18052 610-434-6899