



Frosty Friends

with Coach Liz & Coach Tara



Held at Pilgrim Arena, 75 Recreation Park Drive, Hingham, MA 02043

SKATING PROGRAM FOR NEW SKATERS AGES 3 TO 5 YEARS OLD

Introduce your toddler to the world of ice skating with our specialized program tailored for brand new skaters ages 3 yrs to 5 years old in a small, fun, group setting. Class ratio is LIMITED to only 5 children per instructor for 25 minutes! Children just need their own skates and a helmet (a with face cage). Parents can enjoy watching their children learn the basic skills needed to begin skating, through the use of play and games (only skaters are allowed on the ice).

Coach Liz and Coach Tara bring more than 30 years of experience teaching young children and toddlers to become comfortable on the ice and enjoy ice skating! Both coaches are ISI and US Figure Skating accredited professional coaches and are affiliated with Pilgrim Arena, Silver Blades Skating Club and the Skating Club of Hingham.

SCHEDULE & FEES

All Classes are held on TUESDAYS for 25 minutes. **Cost of each session is \$280 per child.**

Please Choose Session(s) and Time below. (No classes held on 10/31, 12/26, 2/20, 4/16).

- | | | |
|--|-------------------------------------|-------------------------------------|
| Session 1— Sept 12 th – Nov 7 th | <input type="radio"/> Tues 12:15 PM | <input type="radio"/> Tues 12:40 PM |
| Session 2—Nov 14 th – Jan 9 th | <input type="radio"/> Tues 12:15 PM | <input type="radio"/> Tues 12:40 PM |
| Session 3—Jan 16 th – Mar 12 th | <input type="radio"/> Tues 12:15 PM | <input type="radio"/> Tues 12:40 PM |
| Session 4—Mar 18 th – May 14 th | <input type="radio"/> Tues 12:15 PM | <input type="radio"/> Tues 12:40 PM |

TOTAL DUE \$ _____

No reservations are guaranteed until signed application and payment is received. NO REFUNDS will be issued once payment is received. There are no make-ups for missed classes. No refunds or makeups for rink closures due to, but not including, pandemics, weather, mechanical, and/or scheduling problems. No parent/guardian is allowed on the ice at ANY time. I have read this release and fully understand the terms. Any individual not following safety procedures posted at arena will be asked to leave. I intend this application to take effect as a sealed instrument.

CANCELLATIONS DUE TO WEATHER WILL BE POSTED ON-LINE and sent to email address listed on application.

Release of Liability: In consideration for use of the facilities, programs, equipment, etc. of "Frosty Friends" at Pilgrim Arena, I agree to indemnify and hold harmless "Frosty Friends", coaching staff, Pilgrim Arena, and their directors, officers, members, employees, agents, legal representatives, successors and assigns, of and from all liability, expenses, costs, damages and/or losses of any kind arising out of property, occurring on or off the ice, including Covid-19 or other illnesses. I recognize the dangers inherent in ice skating. I realize my child may be subject to injury from this activity and that no form of preparing can remove all danger which my child is exposed to. IF UNABLE TO REACH THE DESIGNATED PARENT/GUARDIAN DURING A MEDICAL EMERGENCY, "Frosty Friends" IS GRANTED PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT. By signature on this application, permission is granted to take photos during classes that may be used for promotional and/or marketing purposes on our website, facebook, instagram pages or brochures.

Parent/Guardian Signature: _____ Date: _____

I am aware of the safety policy requiring the use of a protective helmet, and I am aware class will be forfeited for the day if helmet is not brought to class _____ (initial required)

PAYMENT / CONTACT INFO

PAYMENT MUST BE MADE BY VENMO ONLY AT THIS TIME to @tara-obrien-29 (Date Pd _____). Please do not toggle the "Good or Services" button on venmo when paying or a 1.9% fee will be added to cost of class.

Contact us by email for more information: FrostyFriendsSC@gmail.com

Mailing Address: "Frosty Friends" c/o Coach Liz, 6 Reservoir Rd, Cohasset, MA 02025

SKATER INFORMATION

Please PRINT the following information **legibly**. Pre-registration required!

Skater's Full Name: _____ Parent/Guardian: _____

Street: _____ Town _____ Zip Code: _____

Skater Date of Birth (**REQUIRED for registration**): _____ Age: _____

(Must turn 3 years of age by **start** of first week of chosen skating session)

Email: _____ Cell Phone: _____

(Email is **REQUIRED** for a registration to be valid, and is used for all confirmations and **schedule updates**. Please print legibly.)

Experience: (Check) Never been on skates Public Skating Has Tried Group Lessons

