

SKATE FOR JOY: INSTRUCTION AND DRESS

There will be a 30-minute lesson followed by a 30-minute practice session. Please make sure children are dressed appropriately in layered, comfortable clothing, and have mittens/gloves and a helmet. Skates and helmets are the property of Skate for Joy and must be returned at the conclusion of the season.

If you have questions of concerns, please feel free to contact Carolyn Drumm, Executive Director, at (401) 751-4JOY.

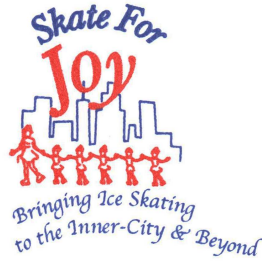
SKATE FOR JOY: RULES AND REGULATIONS

The following rules are conditions for participation in the program:

1. No name calling, foul language, or verbally abusive behavior is allowed towards fellow skaters, instructors, or volunteers.
2. No pulling, hitting, or kicking other skaters which may cause serious harm or injury.
3. Helmets and gloves/mittens must be worn by all skaters when on the ice.
4. If behavioral problems should arise during instruction, the student will be put in a "time out" area. After three warnings, the student will miss the next week of instruction.
5. If the student does fall, she/he must get up immediately unless otherwise injured and cannot.
6. Children are to be respectful of the skating facilities and abide by the facility rules.
7. Chewing gum or candy is never allowed on the ice.
8. Skate for Joy reserves the right to refuse any applicant who cannot maintain active participation and appropriate behavior necessary for his or her own safety, the safety of the other skaters and staff/volunteers.

Signing the Registration Form acknowledges the receipt and review of the above listed dress standards, rules & regulations.

(Please keep this page)



SKATE FOR JOY PARENTAL MEDICAL RELEASE

I, _____ (*name of parent/guardian*), do hereby authorize **Skate for Joy** staff/volunteers to obtain whatever medical treatment may be deemed necessary for my minor child, _____ (*name of child*), _____ (*DOB*), while participating the 2008 – 2009 Skate for Joy season.

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____

Policy #: _____

Policyholder Name: _____ Relationship: _____

Group #: _____ Social Security #: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

WAIVER

I AM AWARE THAT THE SPORT OF ICE SKATING POSES DANGERS AND RISKS OF INJURY. I FULLY UNDERSTAND THE RISKS INVOLVED AND THAT SKATE FOR JOY, ITS' BOARD MEMBERS, EMPLOYEES, COACHES, INSTRUCTORS, OR VOLUNTEERS WILL NOT BE HELD LIABLE OR RESPONSIBLE FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR TO MY CHILD WHILE PARTICIPATING IN THE SKATE FOR JOY PROGRAM.

I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE AND HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT IT THAT I MAY HAVE AND THAT MY SIGNATURE BELOW INDICATED MY AGREEMENT TO ALL OF ITS TERMS.

Signature of Parent/Guardian

Date

Parent/Guardian's Printed Name

Signature of Skate for Joy Staff/Representative

Date