UNITY REC SKATE PROGRAM REGISTRATION 2015-16

1.	
First Name	Last Name
Date of Birth	Sex (M/F)
Parents/Guardian	Telephone
2 Hospitalization Number	Family Doctor
Check any disabilities/medical conditions: Asthma Diabetes Heart F	Epilepsy Seizures Glasses
Contact Lenses Recurring Headaches _ List any regular medications:	Blackouts Chest Pains
List any allergies/other medical conditions:	
The Unity Rec Skate Program will run from No Skating time is Wednesday's from 3:30-4:15 pgrade school-age children that have some sable to skate the full length of the ice surfa. This is a fun program that consists of skating & Hockey helmets with face shields, a hockey mandatory.	om. The Unity Rec Skate Program is for skating experience. (Applicants should be ce forward or backward without stopping.) & puck handling drills and shinny games.
Fees: \$80.00 (Note: ½ year registrations will I	NOT be accepted.)
For more information please call David Weber dropped off at the Town Office or submitted to date, at the rink lobby.	1
4. WAIVER I do hereby for myself, heirs, executors, admir discharge the Unity Rec Skate Program, its ins from all manner of litigation, damage claims, or acquire by reason of personal injury to the occur during or by reason of participation in t	tructors, or anyone acting on their behalf or demands in law or equity which I may have skater, loss or damage to property, which may
Signature of Skater	Signature of Parent/Guardian