



Program Registration Form

Name: _____ Age: _____ Birth Date: _____ Address: _____ City, State, Zip: _____ E-Mail: _____ Phone #: _____ Parent Name (If under 18) _____ Have you ever skated before? ____ Yes ____ No If Yes, at what level did you last skate? _____ Program/Price: <input type="checkbox"/> Learn to Skate - <input type="checkbox"/> \$119 per pass <input type="checkbox"/> \$20 Learn To Skate USA registration (good thru 8/31) <input type="checkbox"/> Girls Clinic - <input type="checkbox"/> \$30 Drop in <input type="checkbox"/> \$125 5 session Pass <input type="checkbox"/> Other: _____ <input type="checkbox"/> Price: _____ Total Price: \$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Credit Card # _____ Security Code: _____ Exp Date: _____ I authorize Arena Realty Partners LLC dba The Westfield Rink to charge the above credit card for the Total Price shown above. _____ Signature _____ Date
--	---

The Westfield Rink Liability Waiver

Ice skating involves certain inherent risks, dangers and hazards that can result in serious personal injury. Use of rental skating equipment also involves certain inherent risks, dangers and hazards that can result in serious personal injury. The skater and the skater's parent or legal guardian assume and accept all risk of injury while at The Westfield Rink. All skaters agree to abide by the posted Skaters Responsibility Code and acknowledge that all skaters skate at their own risk.

At all times, the skater and the skater's parent or legal guardian shall be fully liable for personal injury and property damage incurred while in the Facility and the skater and the skater's parent or legal guardian agree to defend and hold The Westfield Rink, Arena Realty Partners LLC, the Town of Westfield, NJDEP, and their members, officers, agents and employees harmless against any and all liability for claims, demands and causes of action arising from skater's use of The Westfield Rink or otherwise upon the premises.

Yes, I have read and understand the above Liability Waiver.

Signature of Participant _____ Age _____

Signature of Guardian (if participant un 18) _____ Date _____