

By signing this permission form for my child to participate in the Chatham Parks and Recreation Youth Skating Program, I agree to the following conditions:

- I give permission for my child to receive medical treatment in the event of injury at either a practice or a game while participating in this program;
- In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
- I agree pictures taken during program hours may be used for future promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date: \_\_\_\_\_

Registration Form & Fee Received By: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Chatham Parks & Recreation  
Chatham Community Center  
702 Main Street  
Chatham, MA 02633

# Chatham Parks & Recreation

[www.chathamcommunitycenter.com](http://www.chathamcommunitycenter.com)

## Youth Skating Program

**Registration dates:**  
**Ongoing through December 7th**



### **Program Dates:**

**Saturdays ~ 11:00-12:00**

**December 8**

**December 15**

**December 22**

**January 5**

**January 12**

**January 26**

**February 2**

**February 9**

**@ Charles Moore Arena, Orleans**

**\$50.00 for 8 classes**

**Registration Dates:**

**Ongoing thru December 7th**

**Program Dates:**

**Saturdays ~ 11:00-12:00**

**December 8**

**December 15**

**December 22**

**January 5**

**January 12**

**January 26**

**February 2**

**February 9**

**@ Charles Moore Arena, Orleans**

**(located on O'Connor Way)**

**(arrive early to put on skates)**

View upcoming programs and register online at [www.chathamcommunitycenter.com](http://www.chathamcommunitycenter.com)

Chatham Parks & Recreation  
Chatham Community Center  
702 Main Street  
Chatham, MA 02633

Phone: 508-945-5175  
Fax: 508-945-5159

E-mail: [swinkfield@chatham-ma.gov](mailto:swinkfield@chatham-ma.gov)  
Questions? Contact Sue Winkfield

**Program Details**

**Who:** Open to Chatham residents & school choice students in grades K-6.

**Description:** The Youth Skating Program is an 8 week **Ice Skating Skills Program**. It is designed to give the skater an opportunity to learn how to skate at his or her own pace and enjoy the sport of ice skating whether it be for recreation, to play hockey or to figure skate.

**Equipment:** Participants may rent skates at the rink for an additional \$2.00 per use. Helmets are available free of charge at CMA for beginning skaters. If you purchase skates for your child, please make sure they are of good quality and can support your child's ankles. Skates usually run 1/2 to 1 size smaller than regular shoe sizes. Please lace skates firmly to provide support and feel snug over a thin sock. Remember to wear gloves or mittens!



**Please return registration form to the Community Center with check made payable to "Town of Chatham"**

**SORRY, WE CANNOT ACCEPT CASH**

**\*\*If we have your information in our RecPro system and there are no changes, please fill in child's name, grade, DOB & sign waiver on the back.**

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Town (Chatham, North, South, West) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Tel. Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

Contact's phone #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Office tel. number: \_\_\_\_\_

***Are there any allergies, medications or health issues that***

***we should know about?***

Cut here and keep this side  
Send this side in to the Chatham Community Center