



Frosty Friends



with Coach Liz & Coach Tara

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

SKATING PROGRAM FOR SKATERS AGES 2^{1/2} TO 5 YEARS OLD

Introduce your toddler to the world of ice skating with our specialized program tailored for new skaters ages 2.5 yrs to 5 yrs old in a fun, group setting. Class size is based on skill level (brand new skaters usually 5 or less children). Skates and helmet (with face cage) required. Skaters learn the basic skills needed to begin skating through the use of play & games (only skaters allowed on ice). Coach Liz & Coach Tara bring more than 30 years of experience teaching young children/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.

Please PRINT the following information legibly. Email is required for class updates. Pre-registration necessary, no walk-ins!

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

Street: _____ Town: _____ Zip Code: _____

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

Email: _____ Cell Phone: _____

Experience: (Circle one) None Public Skating 0-1 year of Group Lessons

2024 -2025 SCHEDULE & FEES

All Classes are 25 minutes. **Cost of each session is \$295 per child.**

Please Choose Session, Day/Time below. (**No classes held on 12/24, 12/25, 12/31, 1/1, 2/18, 2/19, 4/22, 4/23**).

- | | | | | |
|---|----------------------------|---------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Session 1— Sept 10 th – Oct 30 th | <input type="radio"/> Tues | <input type="radio"/> Wed | <input type="radio"/> 12:15 PM | <input type="radio"/> 12:40 PM |
| <input type="radio"/> Session 2—Nov 5 th – Jan 8 th | <input type="radio"/> Tues | <input type="radio"/> Wed | <input type="radio"/> 12:15 PM | <input type="radio"/> 12:40 PM |
| <input type="radio"/> Session 3—Jan 14 th – Mar 12 th | <input type="radio"/> Tues | <input type="radio"/> Wed | <input type="radio"/> 12:15 PM | <input type="radio"/> 12:40 PM |
| <input type="radio"/> Session 4—Mar 18 th – May 13 th | <input type="radio"/> Tues | <input type="radio"/> Wed | <input type="radio"/> 12:15 PM | <input type="radio"/> 12:40 PM |

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 or switches for any 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 OUR FACEBOOK PAGE 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. 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

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.

Email Address: FrostyFriendsSC@gmail.com Mailing Address: "Frosty Friends", 6 Reservoir Rd, Cohasset, MA 02025