

ENROLLMENT APPLICATION

(PLEASE COMPLETE SEPARATE APPLICATION FOR EACH STUDENT)



Student Name _____ (PLEASE PRINT)

Address _____

City _____ State _____ Zip _____

Phone _____ Male Female _____
Date of Birth _____

Parent or Guardian _____ Phone _____

Emergency Contact (IF DIFFERENT FROM ABOVE) _____ Phone _____

E-Mail Address _____ Membership # _____

You are confirmed in the class of your choice unless notified by phone.

Choose your session: Pre-Season Session 1 Session 2 Session 3

DESCRIPTION	SESSION DAY	SESSION TIME	AMOUNT

One-time annual USFSA membership & administration fee

\$12.50

TOTAL AMOUNT ENCLOSED

Please COMPLETE ALL payment information:

CASH CHECK # _____

Make checks payable to: **WESTCHESTER COUNTY PARKS**

CREDIT CARD PAYMENT: Visa AMEX MC Discover

Card No.: _____ Exp. Date: ____/____/____

Name as it appears on card: _____

I hereby authorize the student whose name, age, and address appear above to participate in an ice skating program sponsored by Westchester County ("County"), and hereby release the County, its officers, employees and agents from liability for any loss or injury sustained by said student in traveling to, attending, or traveling from, or otherwise in connection with such participation.

I further agree to indemnify and hold the County, its officers, employees and agents, free and harmless from and against any losses of every kind and character arising directly or indirectly out of participation by this student in an ice skating program on property sites at Playland Park, Rye, New York, except as to losses contributed to, caused by, or resulting from negligence of the County. I further agree to investigate, handle, respond to, provide defense for and defend any such claims, etc., at my sole expense and agree to bear all other costs and expenses related thereto.

Signature: _____ Date: _____

(PARENT OR GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE)