



POWER STROKING CLINIC



Saturdays
10:00am – 10:30am

6-Week Subscription : \$200

For more information, please contact Melissa Lightell at 212.336.6100, ext 6162 or lightm@chelseapiers.com

Power Stroking Application on the reverse side.

SKY RINK POWER STROKING SUBSCRIPTION APPLICATION 2008

Skater's Name _____

Birthdate _____ M F

Home Address _____

City _____ State _____ Zip _____

Parent/Guradian _____

Home Ph _____ Day Ph _____

Email _____

Have you ever been enrolled in a Sky Rink Program? Yes No

If yes, please specify _____

Number of children in the home under 16 years of age? _____

Session is limited to 30 skaters on a first-come, first-served basis.

Saturdays: 10:00 – 10:30am
6-WEEK SUBSCRIPTION FEE: \$200

PAYMENT METHOD *(Checks will not be accepted)*

- Amex Discover MasterCard
 Visa Cash



Credit Card Number:

Exp. Date _____

I authorize Sky Rink to bill the above credit card at payment due date for the amount due for the selected sessions.

Card Holder's

Signature _____ Date _____

WAIVER AND RELEASE

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that Chelsea Piers L.P., its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my or my child's participation in any and all Sky Rink at Chelsea Piers programming; at any one time preceding, during or after program is in session and I hereby discharge Chelsea Piers L.P., its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Chelsea Piers L.P. has the right to use all photographs or videos taken of myself or my child during programming for advertising or promotional material.

Signature _____ Date _____

(Parent/Guardian if under 18 years old)

Please send application and payment to:

Sky Rink at Chelsea Piers • Pier 61 • New York, NY 10011
or FAX to: 212.336.6130