SKY RINK AT CHELSEA PIERS
SKATER REGISTRATION FORM

First Name _____ Last Name _____

Skater's Birthday _____/ ____/_____ Age _____ ❑ Female ❑ Male

Home Address _____

_____

E-mail _____ Home Phone _____ Work Phone _____

IF UNDER 18 YEARS

Mother's Name _____ Day Phone _____ E-mail _____

Father's Name _____ Day Phone _____ E-mail _____

Emergency Contact _____ Emergency Number _____

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

If Yes, please specify:

❑ *Skating School* ❑ *Junior Program* ❑ *Youth Hockey*

❑ *Adult Hockey* ❑ Summer Camp ❑ *Other* _____

PAYMENT METHOD ❑ Amex ❑ Discover ❑ MasterCard ❑ Visa ❑ Cash

Credit Card Number Expiration Date

																	/		

I authorize Sky Rink to charge the above credit card for the amount due for the selected series.

Name (as it appears on card): Print _____ Signature _____

PERSONAL CHECKS WILL NOT BE ACCEPTED FOR SKATING SCHOOL. THERE WILL BE NO REFUNDS.

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 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 _____

Capital One
OFFICIAL CARD

SKY RINK AT CHELSEA PIERS
Chelsea Piers - Pier 61• 23rd St. & the Hudson River • New York, NY 10011 • 212.336.6100 • FAX. 212.336.6130

FOR OFFICIAL USE ONLY

DATE CHARGED: _____ AMOUNT CHARGED: _____ RECEIPT # _____ CASHIER: _____

SERIES: _____ CLASS DAY: _____ CLASS TIME: _____ START DATE: _____

INPUT DATE: _____

INITIALS: _____