



Learn to Skate/Play Hockey

AGES: 3 years old to adult

2016 - 2017 REGISTRATION FORM

Check Off Desired Date/Time:

Wednesdays - 5:00 pm-5:50 pm Lynch Arena (Pawtucket)

- Session I (\$89):** September 7th - October 26th
- Session II (\$89):** November 2nd - December 21st
- Session III (\$119):** January 4th - March 22nd

Fridays - 4:00 pm-4:50 pm Lynch Arena (Pawtucket)

- Session I (\$89):** September 9th - October 28th
- Session II (\$89):** November 4th - December 30th (no class on 11/25)
- Session III (\$119):** January 6th - March 24th (no class on 1/13)

Saturdays - 8:10 am-9:00 am RI Sports Center (N. Smithfield)

- Session I (\$89):** September 10th - November 5th (no class on 10/8)
- Session II (\$89):** November 12th - December 31st
- Session III (\$119):** January 7th - March 25th (no class on 1/14 and 3/11)

Saturdays - 10:20 am-11:10 am Mount St. Charles (Woonsocket)

- Session I (\$89):** September 10th - October 29th
- Session II (\$89):** November 5th - December 31st (no class on 12/24)
- Session III (\$119):** January 7th - March 25th (no class on 1/14 and 3/11)

*10% discount if signing up for multiple days within a single session

Helmet for Learn to Skate program required. Hockey Helmet with face shield, gloves, shoulder, elbow and knee pads required for Learn to Play Hockey program.

Please mail payment and completed registration form to: Providence Capitals
P.O. Box 37, Manville, RI 02838 (Credit card payment authorization form available online)

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Email: _____

Release of Liability/Acknowledgment of Risk:

In conjunction with my son or daughter's participation in events sponsored by the Providence Capitals and Woonsocket North Stars ("the Company"). I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

Parent/Guardian Signature

Date