



# Learn to Skate/Play Hockey

AGES: 3 years old to adult

## 2016 - 2017 REGISTRATION FORM

### Check Off Desired Date/Time:

Wednesdays - 5:10 pm-6:00 pm @ Lynch Arena (Pawtucket)

- Session 4 (\$99): April 12<sup>th</sup>- June 7<sup>th</sup>
- Session 5 (\$99): June 14<sup>th</sup>- August 16<sup>th</sup>

Saturdays - 8:00 am-8:50 am @ RI Sports Center (N. Smithfield)

- Session 4 (\$99): April 1<sup>st</sup>- June 24<sup>th</sup> (no class 4/8, 4/29, 5/6, 5/20, 5/27)
- Session 5 (\$99): July 8<sup>th</sup>- August 26<sup>th</sup>

Sundays - 8:00 am-8:50 am @Lynch Arena (Pawtucket)

- Session 4 (\$99): April 2<sup>nd</sup>- June 25<sup>th</sup> (no class 4/9, 4/16, 5/7, 5/21, 5/28)
- Session 5 (\$99): July 9<sup>th</sup>- August 27<sup>th</sup>

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

*If you have any questions, please contact Frank Varrecchione at  
Coachvarrecchione@gmail.com*

**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