

SKATE NEW HAVEN



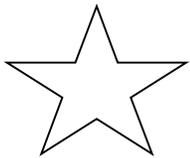
Located at *the Ralph Walker Ice Rink*

1080 State Street New Haven, CT (203) 258-6462

LEARN TO PLAY HOCKEY *PREP*

2025- 2026 Season

LEARN TO PLAY Hockey Prep is a program run in conjunction with the Skate New Haven Skating and Hockey Schools to uniquely prepare boys and girls, who have not yet played team hockey, as their first organized hockey experience. No formal skating or hockey skills are required to participate. We will teach you everything you need to know to excel in your Learn to Play Hockey program! Required equipment is a helmet, with a cage or full shield, and a stick. Full equipment is encouraged. The use of rental skates is included, however using your own skates is also strongly encouraged. All equipment can be obtained at Benson Ferguson's Pro Shop, 326 Boston Post Road in Orange.



Each 60 Minute session will consist of:

30 Minutes of Dedicated Power Skating Instruction

15 Minutes of Introduction to Skating with a Stick & Basics of Stick Handling

15 Minutes of Supervised Practice and Play

Thursdays: 5:15 to 6:15pm

Winter Semester: January 8, 15, 22, 29 and February 5, 12, 19, 26

Spring Semester: March 5, 12, 19, 26 and April 2, 9, 16, 23

Sundays: 4:30 to 5:30pm

Fall Semester (6 weeks): November 16, 23, 30 and December 7, 14, 21

Winter Semester: January 4, 11, 18, 25 and February 1, 8, 15, 22

Spring Semester: March 1, 8, 15, 22, 29 and April 5, 12, 29

Winter or Spring Semesters: \$299 Eight week Program or \$189 Four week program

Fall Semester: \$229 Six Week Program

Questions and Reservations

(203) 258-6462

skatenewhaven128@gmail.com

SKATE NEW HAVEN

Learn To Play Hockey PREP Registration 25-26

PLEASE PRINT CLEARLY

Skater's Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent's Names _____ Phone _____

Email Address _____

Emergency Contact _____

Skater's Current Pin Level or Test Level (if known) _____

Class Day and Time (please circle):

Thursdays 5:15pm - 6:15pm

Sundays 4:30pm - 5:30pm

Total Cost;	8 Weeks - Winter or Spring Semester	\$299	_____
	6 Weeks – Fall Semester	\$229	_____
	4 Weeks - Winter or Spring Semester	\$189	_____
	Add a 2nd Class Day - FAST TRACK	\$199 (8) / \$159 (6)	_____
	Enroll after a series has started*	\$45/per week	_____

**Skater must enroll in the remaining class series and the following series. Space Permitting*

Total Due \$ _____

Cash _____

Credit Card _____

Check# _____

Please Make Check Payable and Remit to: Skate New Haven

Skate New Haven c/o Ralph Walker Rink

1080 State Street

New Haven, CT 06511

(203) 258-6462

Release Must be Signed. Over Please



**SKATE NEW HAVEN
PARTICIPANT WAIVER
-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in the **Learn to Skate** program, related events and activities of **Skate New Haven**, I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in the Skate New Haven Skating School, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in the Skate New Haven Skating School. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SKATE NEW HAVEN, INC., THE WONDERLAND OF ICE ASSOCIATES, INC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I give permission to use photographs and images of myself and/or my child in advertising and promotional materials, including, but not limited to standard social media outlets.
6. I understand that I am also signing a binding contract for the purchase of subscription ice time. No Make-Up classes will be granted unless sessions are cancelled by Skate New Haven. Classes must also be taken on the same day and time each week.

By Checking this box I acknowledge and agree to all of the terms and conditions as specified above and also on the accompanying informational flyer.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Date Signed: _____ Age: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONES # (s) _____
