

**Southampton Ice Rink
Mid-Winter Recess Registration Form 2020**

668 COUNTY ROAD 39
SOUTHAMPTON, N.Y. 11968
(P): (631) 283-2158
WWW.SOUTHAMPTONICERINK.COM

Child's Information

_____ Birth Date ____/____/____ Age _____
First _____ Last _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Phone # _____ E-Mail _____

PROGRAM DATES / FEES

(Please circle all that apply)

	Tuesday Feb. 18	Wednesday Feb. 19	Thursday Feb. 20	Friday Feb. 21	Session 1 Feb. 18 & 19	Session 2 Feb. 20 & 21
Camp Fee	\$150	\$150	\$150	\$150	\$275	\$275
Extended Day	\$25	\$25	\$25	\$25	\$50	\$50
Lunch	\$10	\$10	\$10	\$10	\$20	\$20

Parent's Information

Mother's Name _____ **E-Mail** _____
Date of Birth ____/____/____ **Cell Phone:** _____ **Work Phone:** _____
Father's Name _____ **E-Mail** _____
Date of Birth ____/____/____ **Cell Phone:** _____ **Work Phone:** _____

EMERGENCY CONTACTS (Other than Parent's)

- 1. Full Name** _____ **Relationship** _____ **Phone** _____
- 2. Full Name** _____ **Relationship** _____ **Phone** _____
- 3. Full Name** _____ **Relationship** _____ **Phone** _____

AUTHORIZED PICK-UPS*

*Your child(ren) will **NOT** will not be allowed to leave with an individual whose name is not listed as a parent/guardian above, or as an authorized pick-up below. Emergency Contacts do not constitute an authorized pick-up and must be listed in the separate column below as well. Siblings under the age of 16 will not be allowed to pick up any child.

1. **Full Name** _____ **Relationship** _____ **Phone** _____
2. **Full Name** _____ **Relationship** _____ **Phone** _____
3. **Full Name** _____ **Relationship** _____ **Phone** _____
4. **Full Name** _____ **Relationship** _____ **Phone** _____

Child's Skill Level

(Please Check One)

_____ **BEGINNER** (Has never been on skates or has skated a "few" times)

_____ **BEGINNER-INTERMEDIATE** (Can skate forward across the rink without falling & gliding forward on two feet)

_____ **INTERMEDIATE** (Can skate & glide backwards on two feet)

_____ **LEVEL 3 BASIC SKILLS & UP** (Skater has completed or is working on Forward stroking (utilizing correct use of blade and neat footwork), backward one foot swizzles on a circle, both directions, forward to backward two foot turn on a circle, continuous forward two foot sways (slalom), one foot snowplow stop (R&L), backward to forward two foot turn on a circle)

TERMS OF ENROLLMENT

1. Upon registration there will be a \$25 Administrative Fee.
2. There are NO Make-Up days should your child be absent for any reason.
3. Payment is due in full in order to register.
4. Cancellation/termination of enrollment to the program will result in a \$25 cancellation fee per day enrolled.
5. Southampton Ice Rink reserves the right to stop services due to low enrollment of participants.
6. Southampton Ice Rink will not be responsible for damage or loss of personal property. All personal property belonging to the child should be labeled with their name.
7. Southampton Ice Rink reserves the right to suspend and or expel any child from the Mid-Winter Recess camp.

By signing this form, I am acknowledging that I have read and agree to the Terms of Enrollment listed.

Parent/Guardian Signature: _____ Date: _____