



5 Stadium Drive Nashua, NH 03062
(603) 595-2400 Fax (603) 595-9406
www.conwayarena.com

LEARN TO PLAY HOCKEY

PLEASE PRINT CLEARLY

CIRCLE SEASON: FALL 2011 WINTER 2012 SPRING 2012

PARTICIPANT: _____

PARTICIPANTS DOB: _____ AGE: _____

PARENT/GUARIDIAN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ EMERGENCY PHONE: () _____

E-MAIL ADDRESS: _____

New skaters: ARE YOU COMING FROM AN INSTRUCTIONAL SKATING PROGRAM? YES OR NO
HAS THE PLAYER PASSED BASIC 2 OR THE EQUIVALENT? YES OR NO

Enclosed is:

- **Learn to Play Hockey fee: \$259**
- **\$100 deposit due at time of enrollment, balance due by first class**

Checks can be made payable to *Conway Arena*

Visa/Mastercard accepted. # _____ **Exp date** _____

NOTE: 1. NEITHER THE CONWAY ARENA, STAFF OR VOLUNTEERS ARE RESPONSIBLE FOR ITEMS LOST, STOLEN OR MISPLACED.

2. Learn to play hockey instructors reserve the right remove skaters from this program if their ability does not meet program requirements. At this time we will either transfer you to another program or issue a full refund.

I, the parent/guardian of the above named boy/girl give my approval for his/her participation in the CONWAY ARENA programs. I do hereby release, absolve, and hold harmless the CONWAY ARENA, its directors, staff, organizers, sponsors, coaches, volunteers and anyone connected with the programs. In the case of injury, I hereby waive all claims against the aforementioned persons. I have read and understand all the above information. I will abide by the policies set forth by the CONWAY ARENA.

PAYMENT/REFUND POLICY: Enrollment is based on a first come, first serve. A 50% deposit is due at time of enrollment if the program exceeds \$100. Otherwise, payment is required in full. All deposits/payments are non-refundable unless the program is cancelled or authorized by a program director.

SIGNATURE: _____ TODAY'S DATE: _____

OFFICE USE ONLY: AMT. PAID\$ _____ CASH _____ CHECK # _____ BALANCE DUE DATE _____ ENTERED _____ CRS INITIALS _____
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