



Pomfret Recreation Department Sponsors:

Family Ice Skating

No guest passes. Passes can not be transferred to other people. Admittance with family/single season pass only. ID's will be checked.

No children under 16 are allowed to stay and skate without an adult who is supervising them.

AT POMFRET SCHOOL'S JAHN ICE HOCKEY RINK -STARTING IN NOVEMBER, 2013—February, 2014

A SCHEDULE WILL BE SENT WHEN YOUR PAID REGISTRATION IS RECEIVED

MOST SATURDAY EVENINGS FROM 6:30 TO 8:00 PM AND SUNDAYS FROM 6:00 TO 7:30 PM

*TIMES AND DATES ARE SUBJECT TO CHANGE



Pomfret Recreation Family Skating Registration Form

Pomfret Residents: Single: \$90.00 Family: \$100.00 / Non-Resident: Single \$105.00 Non Resident Family : \$115.00

LAST NAME _____ FIRST NAME _____ PHONE # _____

Please list all skaters in your family and **children's ages** _____

Note: *Ages 19 and older is considered an adult—only 2 adults are allowed per family—Singles: you are not allowed to bring a guest—two or more become a family pass*

Mailing Address: _____ **Email** _____

Make check payable to "Pomfret Recreation Dept." and mail to: Town of Pomfret, Recreation Dept., 5 Haven Rd. Pomfret Center, CT 06259. Please read carefully: Assumption of risk and release. Please enroll me/my family in the Pomfret Rec. Dept. Family Ice Skating Program. I agree to assume all responsibility for all risk or damage that may occur to me/us as participants in this program. In consideration of being enrolled in this program, I hereby, for myself, my heirs, executors and administrators, release and discharge the Town of Pomfret (including Constables), Pomfret School, Pomfret Recreation Commission or others from all claims, damages, rights of action, present or future, whether the same be known anticipated or unanticipated, resulting from or arising out of, or incident to me/my family's participation in this program. I also understand that if I/my children do not follow the rules of the rink or become disruptive, I may be asked to leave the premises and may have to forfeit my season pass without reimbursement.

Signature: _____ Date: _____

Check # _____ or Cash _____ Amount Paid _____

Please sign and return and include a business size self addressed stamped envelope for return of tickets and schedule.

***Skating times are subject to change based on schedule changes weather or other circumstances unknown at this time.**