



# WINTER FUN ON ICE



**DATE:** MONDAY, FEBRUARY 19, 2007

**TIMES:** Check-in at Community Center Parking Lot 11:30 a.m.  
Bus departs at 12:00 p.m.  
Return to Community Center Parking Lot 5:30 p.m.

**AMENITITES:** Spend the President's Day Holiday ice skating at Pasadena Ice Skating Center. The \$19 fee includes supervision, admission, transportation and a sack lunch.

**COST:** \$19 Per Person

**REG.CODE:** 3000.302

**SUPERVISION:** The Department will provide supervision at a ratio of one leader for each group of ten children, 6-17 years of age. **Children under 6 must be accompanied by an adult.** For pick-up, parents should await the arrival of their child in the parking lot of the Arcadia Community Center between 5:30-5:45 pm.

**FOOD & MONEY:** A sack lunch will be provided. If your child would like to buy additional snacks, they will need to bring money.

**REGISTRATION:** Registration will be taken on a first-come, first-serve basis, dependent upon receipt of fee. Register by completing the liability and publicity release form on the reverse side of this flyer and submit payment to the Recreation and Community Services Department Office, 375 Campus Drive, Monday -Thursday, 7:30am - 5:30pm; Fridays, 8:00am- 5:00pm. All refunds are subject to a \$6.00 service charge. Persons failing to appear for the trip are not entitled to a refund. Participants must give 7 days notice for any refund.

# Arcadia Recreation & Community Services

## (626) 574-5113

### 375 Campus Drive

Excursion Location Circle	Activity Code Circle	Swimming Ability Circle One	Ride Level Preferred Circle One
Winter Fun on Ice	3000.302	Non-Swimmer	Slow
		Moderate	Medium
		Strong	Extreme

My child who is 13 years of age or older, has permission to leave the assigned supervised group. Yes \_\_\_\_\_ No \_\_\_\_\_

#### LIABILITY AND PUBLICITY RELEASE

I hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This Release is intended to discharge in advance the City of Arcadia, (and their respective agents, volunteers and employees), from and against any and all liability arising out of or connected in anyway with my participation in said activity. I further understand that accidents may occur during said activity, and that participants in such activity may sustain personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. If the participant is a minor, I also give permission for his/her participation in the above activities, and for any necessary emergency medical treatment. I understand that the City of Arcadia has no obligation to supervise my children at the close of the above activities and I release the City of Arcadia, its officers, employees and agents from any liability resulting from the lack of supervision of my children at the close of the above activities. I understand and agree that participants involved in recreation programs are subject to being photographed and such photographs may be used to publicize city programs.

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ADDRESS:  
\_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY NUMBER (\_\_\_\_\_) \_\_\_\_\_

NAME OF PARTICIPANTS	AGE	CHILD'S HEIGHT	FEE PAID
1.			\$
2.			\$
3.			\$
4.			\$
PAYMENT TYPE	Cash	Check # _____	Credit Card # _____ Exp _____
			TOTAL PAID

Request to be grouped together with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_