Martha's Vineyard Arena, INC./Learn to Skate Program Registration one registration form per participant

Participant	age	DOB	M/F	shoe size
Mailing Address				
Email Address				
Parent/Guardian (print clearly)				phone
Parent/Guardian Signature				cell phone
Emergency Contact Name				phone
Preschool name				
Has your child ever skated?				
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Will your child require any special accommodations/placement?

I, the undersigned, waive the Martha's Vineyard Arena (MVA) of all liability for any injuries, illnesses or loss of property while participating in the Martha's Vineyard Arena's programs. In the event that I/my child should require any minor medical or surgical treatment and/or medication during MVA programs, I authorize such physicians or emergency care staff that the MVA may appoint or designate to carry out the necessary treatment, or to take me/my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of myself/my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted by telephone for permission.

I authorize the MVA to use photos, and or other likeness' of myself and or my child or the child for whom I have legal guardianship for any promotional materials regarding MVA programs, facilities, or services. Such likeness' will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the MVA website or facebook. The MVA reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian

Parent/ Guardian date

please call Beth O'Connor at 774-521-9870 or email at <u>bethboconnor27@gmail.com</u> or questions to schedule your time if you <u>NOT</u> PARTICIPATING WITH YOUR PRE-SCHOOL