

Peconic Ice Rink

5789 Middle Country Road Calverton, NY 11933

Sunday, April 14, 2024

All proceeds will go towards 6th grade year end events and field trip.

All children MUST be accompanied by an adult and must have a waiver form filed out pior to entry.

There are time slots available with limited space. Please choose which time slot(s) you prefer. If the time slot you choose has been filled, you will be contacted to select another time. You are welcome to bring your own skates or rental skates are available for an additional fee. There is a designated area of the rink for beginner skaters. Please return the signed waiver, payment, and this form to your child's teachers, by April 11th. You may pay cash or check payable to SMPTA.

Skaters: \$12 each
Skate Rental: \$5 each
Spectators: FREE

Time Slot #1: 11:00-12:45
Time Slot #2: 1:00-2:45

Gift basket raffle tickets can be purchased in advance: 10 for \$5.00

FOR MORE INFORMATION OR TO VOLUNTEERTEXT MYLENE @ (386)747-6969

Please return this form to your child's teacher by April 11 with cash or check payable to SMPTA

Child's Name: Teacher:		Phone: Grade:	
# of Skate rental:	x \$5 =	Skate size(s)	
# of Spectaors:	x \$0= \$0	Total enclosed \$	
# of Gift Basket raffle tickets:x \$5 =		Check#:	

^{*}Distribution of this flyer does not constitute endorsement of an event or organization and/or agreement with the material content by the District or Board of Education.

PARTICIPANT

--READ BEFORE SIGNING-

In consideration of being allowed to participate in any way in Peconic Ice Rinks pr	ograms, related events and activities,
I, the undersigned, acknowledge, appropriate (PARENT/GUARDIAN NAME)	preciate, and agree that:
 The risk of injury from the activities involved in this program is significant paralysis and death, and while particular rules, equipment, and personal disserious injury does exist; and, 	iscipline may reduce this risk, the risk of
 I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known Peconic Ice Rinks programs, EVEN IF ARISING FROM THE NEGLIGE and assume full responsibility for my participation; and 	wn and unknown of my participation in NCE OF THE RELEASEES or others,
3. I willingly agree to comply with the stated and customary terms and condition of the stated and customary terms and conditions. If, however, I observe any unusual significant hazard during my presence	itions for participation in these programs or participation, I will remove myself
from participation and bring such to the attention of the nearest official im	mediately; and,
INDEMNIFY, AND HOLD HARMLESS Peconic Ice Rinks, Peconic Hoc Riverhead, their officers, officials, agents and/or employees, other particip advertisers, and, if applicable, owners and lessors of premises used to con RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED extent permitted by law.	ckey Foundation, and the Town of bants, sponsoring agencies, sponsors, duct the event ("Releasees"), WITH or damage to person or property, ES OR OTHERWISE, to the fullest
 I consent to pictures and videos being taken of me by Peconic Ice Rinks a understand that such pictures and videos will become the property of Peconic 	nd Peconic Hockey Foundation, and onic Ice Rinks. They may be used by
Peconic Ice Rinks for promotional purposes without the payment of fees of a understand and have been informed that there are no refunds for program Peconic Hockey Foundation.	or other compensation to me.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION O UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT Age: DOB:Da	P SUBSTANTIAL RIGHTS BY
PARTICIPANT'S NAME (Please Print)	
PARTICIPANT'S Signature	
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AG (UNDER AGE 18 AT TIME OF REGISTRATION)	<u>E</u>
This is to certify that I, as parent/guardian with legal responsibility for this par release as provided above of all the Releasees, and, for myself, my heirs, assigns, a indemnify and hold harmless the Releasees from any and all liabilities incident to participation in these programs as provided above, EVEN IF ARISING FROM TH RELEASEES, to the fullest extent permitted by law.	and next of kin, I release and agree to my minor child's involvement or
Date Signed:	
PARTICIPANT/PARENT/GUARDIAN SIGNATURE	
	IR PROGRAM:
EMERGENCY PHONE #(S) EMAIL ADDRESS	