

SARANAC LAKE CIVIC CENTER, INC.

PO BOX 1040, SARANAC LAKE, NY 12983-1040 | 518-637-7401

March Madness Youth Ice Skating Participation and Consent Form

Child Name _____ **Parent Name** _____

Child Age _____ **Parent Phone #** _____

Participation Dates March 18 **Parent Email** _____

March 24

March 25

March 29

April 1

Child Race American Indian or **Child Gender** Female

Alaskan Native

Male

Asian / Pacific Islander

Non-binary

Black or African

American

Hispanic

White / Caucasian

Multiple ethnicity/ Other
(please specify)

As the Parent/Guardian of _____, I give my permission for this child to attend the March Madness Youth ice skating program at the Saranac Lake Civic Center for the purpose of recreational Ice Skating during the March Madness Youth Ice Skating Program.

Ice Skating at the Civic Center is a fun opportunity but it is also a privilege based on appropriate behavior while at the rink. All children and staff will review our program's ice skating rules for conduct. Your child's cooperation with ice skating safety rules and the staff is a must in order to maintain the privilege of ice skating. You will be informed if we are considering withdrawing ice skating privileges for any reason. Please talk to your children about safe conduct in and around the ice rink, accidents can happen very quickly.

By signing this form and authorizing this child to attend, I release Saranac Lake Civic Center, its staff, Board of Directors and Manager, of primary responsibility for the safety of my child while ice skating at the rink.

I understand that the dangers of ice skating can include injury.

I understand that the staff is not trained in ice skating instruction and this activity is a "free skate" therefore, any unforeseen accident that may occur to this child while at the rink is not the direct responsibility of the staff.

Parent / Guardian Signature: _____ **Date:** ____/____/____

Bring this form on the day of the session your child is attending - no pre-registration required.