

CITY OF PEABODY LEARN TO SKATE

APPLICATION FORM

Date_____ Receipt #_____ Starting Date_____

NAME OF CHILD_____

AGE_____

PARENT/GUARDIAN_____

(First and Last Name)

ADDRESS_____

TELEPHONE_____ E-Mail_____

Tuesdays 4:15 – 5:05pm_____ 8 Weeks

Sundays 11:05-11:55am_____ 10 weeks

No refunds after 2nd class. No refunds for missed sessions.

Payment must be made by check or cash. No credit cards

Helmets Required (Bike or Hockey)

Warm Clothing should be worn (gloves, mittens, etc)

Sessions cancelled because of holidays or snow days will be made up.

\$10.00 discount for extra sibling sign up.

Each class has a minimum enrollment. If the minimum enrollment is not met, the rink has the right to cancel the class. You will be given the option to transferring your child into another class, or a full refund.

Sorry no parents allowed on the ice. It is the City of Peabody's policy to reasonably accommodate persons with disabilities in their use of our Learn to Skate class. If you need adaptations or accommodations due to a specific disability, please contact Rink Manager Paul LoGiudice so that appropriate measures can be taken.

I have read and understand the terms above.

Parent Singature_____ Date_____

MAKE CHECK OUT TO (Peabody Skating Rink)
SEND TO McVann O'Keefe Memorial Skating Rink
511 Lowell St.
Peabody, Ma 01960

