SHARPER EDGE SKATING SCHOOL (mailing address only)
100 POWDERMILL RD– PMB 233
ACTON, MA 01720 (978) 369-0088

"LEARN TO SKATE" APPLICATION

Skater's Name: _____ DOB: _____

Address_____City_____Zip: _____

Age: _____ M/F Skating Level: _____ Phone: _____

Parents' Names:_____ / _____
Emergency Contact: _____ Emergency Phone: _____

Parents' Email Address: _____
(Print Clearly)

*** WINTER 1 SESSION ***

11/01/25 – 12/22/25 No Ice: 11/26 – 11/29

***FORM DUE: 10/24/25** Please mark 1st, 2nd and 3rd choices in the left margin.

	Monday	4:00 – 4:35 pm	8 weeks	35 minutes	$199.00
	Monday	6:20 – 7:00 pm	8 weeks	40 minutes	$227.00
	Tuesday	4:00 – 4:45 pm	7 weeks	45 minutes	$224.00
	Tuesday	4:45 – 5:30 pm	7 weeks	45 minutes	$224.00
	Wednesday No Ice: 11/26	9:30 – 10:15 am **Adults Only**	6 weeks	45 minutes	$192.00
	Wednesday // RINK 2 No Ice: 11/26	4:00 – 5:00 pm	6 weeks	1 hour	$255.00
	Saturday No Ice: 11/29	11:20 – 12:00 pm	7 weeks	40 minutes	$199.00
	Saturday No Ice: 11/29	12:00 – 12:40 pm	7 weeks	40 minutes	$199.00
	Saturday No Ice: 11/29	1:20 – 2:00 pm	7 weeks	40 minutes	$199.00
				Registration Fee: Sept 25 to Aug 26 If not previously paid	$30.00
				Late Fee: Received after 10/24/25	**$10.00**
				TOTAL:	

PARENTS / GUARDIANS OF PARTICIPANTS MUST REMAIN IN THE BUILDING DURING THE ENTIRE CLASS.

Adult classes available on all sessions. Register early. Skater is not enrolled in the class until a completed form and full payment are received. SESS reserves the right to limit enrollment. The class you select will be your class day & time for the entire session, there are no switches. No refunds once the session has started. **Please Note:** You will be given your first-choice class unless we contact you with any changes. Confirmations will not be sent. Refer to our website for information regarding **registration fees, family discounts, & make ups**.

Visit our website at: www.SharperEdgeSkating.com

Sharper Edge Skating School Waiver and Release

I hereby assume all risks and hazards incident to participation in any and all Sharper Edge Skating School activities. I hereby waive, release Sharper Edge Skating School, their professionals and employees of any harm and injury.

X_____ Date:_____
Signature (Parent or Guardian if skater is under 18)

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the SHARPER EDGE SKATING SCHOOL INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE VALLEY SPORTS INC. and SHARPER EDGE SKATING SCHOOL, INC. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ Date Signed:_____
PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X_____ _____
Parent/Guardian's Signature Emergency Phone # (s)

Date Signed:_____

Additional Emergency Contact Info: Name:_____

Phone # :_____