



Foxboro Sports Center Registration Form

Skater/Player Name: _____
Last Name First Name DOB

Address: _____
Street

City/Town State Zip

Phone Email

Parent/Guardian Name: _____

Please Circle program registering for and complete * required information:

LTS - TOTS - * BRIDGE * ISI# _____

Session # _____ **Day of week:** _____ **Time:** _____

COST: _____

Refund Policy: A \$30 processing fee will be charged with no refund after the start of the 2nd class.

FSC Employee use:

Amount Paid: _____ Cash Check # _____ Charge: _____

Date Received/applied: _____ Initials: _____

Authorization Code

Waiver: In consideration of my participation in any Foxboro Sports Center, LLC Program or Basic Skills activity, I acknowledge that I understand the nature of the activity and that I and/or my child, am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and/or my child will immediately discontinue participation of the activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death and that these and other risks may be caused by my own actions or inactions, and/or by others participating in the event, the conditions in which the event takes place, or the negligence of the Releases name below and that there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue Foxboro Sports Center, LLC, their administrators, directors agents, officers, volunteers and employee, (each considered on of the Releases herein) for all liability, claims, demands on my account caused by or allege to be caused in whole or in part by the negligence of the Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claim demands, losses, or damages arising out of the gross negligence of, or willful wanton misconduct of Releases. If I, or anyone on my and/or child's behalf, make a claim I agree I will indemnify, defend, save and hold harmless each of the Released for any loss, liability, damage or cost which maybe incurred as the result of such claim. I acknowledge that I have read this release, waiver, of liability and express assumption of risk agreement and fully understand it. I also accept all financial responsibility for the contracted sessions.

Parent/Guardian Signature

Date

Please make checks payable to:
Foxboro Sports Center
10 East Belcher Road
Foxboro, MA 02035