

# *Ballet Class at the Foxboro Sports Center*



July 8 - August 26, 2008

12 & under Tuesday's 11:00-12:00PM

13 & up Wednesday's 11:00– 12:00PM

\* August 5th & 6th classes will be held at  
2:00PM

8Weeks - Cost \$120.00



# 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:

**Ballet LTS - TOTS - Tot's Parent - \* BRIDGE - \* Mini-Lessons - \* Freestyle Ice**  
\_\_\_\_\_  
\* USFS # Required

\*Session/Start Date: \_\_\_\_\_ \* Time/Day of Week: \_\_\_\_\_

COST: \_\_\_\_\_

**Refund Policy:** A \$25 processing fee will be charged with no refund after the start of the 2<sup>nd</sup> class.  
\* Hockey Programs not subject to refund.

**FSC Employee use:**  
Amount Paid: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Charge: \_\_\_\_\_  
Authorization Code  
Date Received/applied: \_\_\_\_\_ Initials: \_\_\_\_\_

**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 02048