

Mite 3 vs. 3

Registration Form

Participant Name: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

10 Weeks - \$150

Waiver

I understand that I am using the Boch Ice Center at my own risk. I specifically agree to waiver and release the Boch Ice Center and its employees, agents, and offices from any and all claims for loss, or damage of property, liability, or personal injury that may arise from my use of the Boch Ice Center. I/we assume all risks and hazards incidental to such activities and participation.

Name: _____ Signature: _____

Credit Card # _____ Exp: _____ CVV # _____

Name on Card: _____

Checks to be made payable to: Boch Ice Center



1105 East Street Dedham, MA 02026

Phone: 781-326-0085 Fax: 781-251-3390