



Ice Skating Trip

in partnership with New Castle Recreation and Parks Dept.

Bear Mountain Ice Rink – Bear Mountain State Park

Thursday, Feb. 23rd

ELIGIBILITY: All Current Youth Center Members

ITINERARY:

9:00 AM	Drop off at the Youth Center
9:15 AM	Depart for Bear Mountain State Park Ice Rink
10:00-11:30 AM	Supervised ice-skating
11:30-12:30 PM	Lunch at Bear Mountain Carousel
1:30 PM	Return to Youth Center
1:30-3:00 PM	Supervised "Free Time" at Youth Center
3:00 PM	Parents Pick-Up at the Briarcliff Manor Youth Center

FEE: \$30.00 - Includes entry fee, transportation, and supervision.
Skate rentals are **not** included and are available at the rink for \$4.00 per person.

PLEASE NOTE: Please bring a bag lunch or additional money for the concession.

REGISTRATION: Registration begins immediately, and will be accepted on a first-come first-served basis until **Thursday, February 16th**. **Space is limited, so register early!** Complete the form below and return it with the payment to the Recreation Department. Refunds will not be given, unless the program is canceled due to insufficient registration or inclement weather.

SPACE IS LIMITED, SO REGISTER EARLY!

Youth Center ~ Ice Skating ~ February 23, 2012

Fee: \$30.00 (Activity #: 1509 sec. 8)

NAME: _____ **GRADE:** _____

ADDRESS: _____ **PHONE:** _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, Bear Mountain State Park, and its employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

In the event of injury, I give my permission for the individuals named above to be taken to a hospital; for treatment to include the evaluation of injury, x-ray and needed medical care. I, the undersigned, understand that I will be responsible for all the costs for the medical care of my child and myself.

E-Mail Address: _____
(For receipt/Dept. purposes only)

Signature of Parent or Guardian

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard / VISA **

*Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). ** Credit Card information below is shredded after processing.*

DATE: _____ **AMOUNT:** _____ **RECEIPT#:** _____

Credit Card #: _____ **Exp. Date:** _____ **Cardholder Signature:** _____