

2024 ICE SKATING SCHEDULE
WALLINGFORD PARKS AND RECREATION DEPARTMENT
CHOATE ROSEMARY HALL ICE RINK

ICE SKATING TAGS WILL GO ON SALE:
MONDAY, November 20, 2023 STARTING AT 9:00 A.M.
AT THE RECREATION DEPARTMENT

Tags may be purchased at a cost of \$30.00 per person which will allow you to skate the entire time we rent the ice. This year we are offering open skate from 12:00 -2:30 unless noted per Choate's ice hockey schedule.

The rink is located on the Choate campus, 333 Christian Street Wallingford.

Please note skaters must provide their own ice skates. Choate does not rent skates. **YOU MUST FILL OUT THE PROVIDED CHOATE WAIVER UPON REGISTERING AND GIVE IT TO THE RECREATION DEPARTMENT.** Maximum number of tags sold 250. Masks are optional.

*Please note we have made every attempt to keep scheduled dates.

*Dates and times are determined by Choate and are subject to change.

SCHEDULED SKATE DATES

January 14	February 11
January 21	February 18
January 28	February 25
February 4	March 3 * 12:30-3:00p.m.

#0075.100? SKATE TAG: Navy Blue

-----tear here-----

Single form may be used for family in same household. Separate forms for all others.

I /we for myself/ourselves and any dependent children, assume all risk and danger incidental to my/our participation in the Wallingford Park and Recreation Department Ice Skating Program and hereby release the Town of Wallingford, its Parks and Recreation Department, its employees and skate guards from any and all claims for injuries or dangers arising out of my/our said participation.

Names:

_____	D.O.B. _____	M/F _____
_____	D.O.B. _____	M/F _____
_____	D.O.B. _____	M/F _____
_____	D.O.B. _____	M/F _____

Email address _____

Address: _____

Town: _____ Zip code: _____

Telephone: _____ Cell # _____ Phone Carrier _____

Adult Signature: _____ Date: _____

Choate Rosemary Hall is released from and against any and all claims and liability that may arise in connection with the Participant's use of the Facilities, including but not limited to all claims and liability associated with risks related to COVID-19.

Participant Name (first and last) _____

Parent/Guardian Name (first and last) - *Required if participant is under 18.*

Signature _____

Date _____