

Please Check One:

Individual Pass: Randolph Resident \$50 / season Non-Resident \$60 / season
 Family Pass: Randolph Resident \$75 / season Non-Resident \$100 / season

Primary Pass Holder (first and last name) _____

FOR FAMILY PASSES, ALL MEMBERS LISTED MUST LIVE IN THE SAME HOUSEHOLD

First and Last names of family members (family pass only) _____

Home Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Daytime Phone _____

Email _____

Emergency Contact _____ Phone: _____

Please indicate allergies or medical conditions of family members. Indicate which family members are affected by each allergy or condition: _____

Optional Demographic Information:

1. Is your family eligible for free / reduced lunch? YES NO

2. Check all that apply for members of your immediate family:
 Active Military National Guard Reserve

By signing this form, I understand that all individuals listed on this pass must abide by the Randolph Ice Rink rules and to follow all directions given by the rink staff. I realize that failure to adhere to the rules may result in suspension of our rink pass for the rest of the rink season without reimbursement of fees paid.

I further authorize the Randolph Rink Staff to provide basic first aid on behalf of all individuals listed on this pass. I also authorize the rink staff to call emergency services on the behalf of any individual listed on this pass as deemed necessary.

I understand that this pass is only good for open skate and pick up hockey as indicated in the rink schedule and does not include any clinics, birthday parties or rink rentals.

_____ Signature _____ Date _____
 Adult Name Signature Date

I authorize the Boys and Girls Club and rink staff to take photographs of my child(ren) while participating at the rink for use in internal publications as well as for use in the media.

_____ Signature _____ Date _____
 Adult Name Signature Date