



York County Resident Program July 2023- July 2024

Chilled Ponds and York County are excited to announce that beginning July 1, 2023, all York County residents will be able to skate for free at Chilled Ponds at Yorktown during two special public sessions per week 50 weeks per year (please see the days/times available listed below). In addition to these free public sessions, children under the age of 18 will be eligible to participate in a Try Hockey Free event once per month.

Space is limited during these sessions, so residents are asked to register online at least 24 hours in advance of the public session you will attend so that we can staff accordingly. Residents must make an EZ account to participate in the free activities, and a photo ID will be required to check in at the front office. Children can be connected to a parental account but must have their own accounts and must be signed into sessions individually. Observers do not need to register to attend.

Children 13 and younger must be accompanied by a parent or adult guardian at all times while in the facility. Skating privileges for any patron may be revoked if rink rules listed below or instructions from staff are not followed.

You are required to wear skates on the ice: No shoes allowed

No racing, rough-housing, or throwing objects on the ice

Parents: Do not carry your children on the ice

Skate in the indicated direction with the flow of other skaters

No food or drinks on the ice

Be courteous and respectful to staff and other patrons

No foul language

Do not vandalize the facility

Do not kick or shake vending machines

Do not set anything down on the ice: if something is dropped, pick it up immediately

Public Sessions with free admission for York County residents (skates are included):

Wednesdays 12:00-2:45 pm

Fridays 11:20 am – 12:50 pm

Blackout Dates: Admission will be required for everyone during these sessions

11/22/23-11/26/23

12/23/23-1/1/24

Try Hockey Free dates and times: Please note times may be subject to change, so be sure to check the day/time carefully when registering for the event.

Space is limited for the Try Hockey Free dates, and participants must register for the event by the 5th of the month of the event in order to participate. Equipment is provided and no skating experience is needed. We do need to adjust these days/times, so please check website for changes to days/times when registering.

July 8th 10:10-11:40 am

August 12th 10:10-11:40 am

September 9th 2:20 pm-3:10 pm

October 14th 2:20 pm-3:10 pm

November 4th 2:20 pm-3:10 pm

December 9th 2:20 pm-3:10 pm

January 6th 2:20 pm-3:10 pm

February 24th 2:20 pm-3:10 pm

March 9th 2:20 pm-3:10 pm

April 13th TBD

May 11th TBD

June 8th TBD

****Proof of residency will be required to create an account, and residency proof will be required to renew your account in June of each year. Acceptable ID would be items such as driver's**

licenses, photo student IDs, utility bills, lease/deed. If you are a York County resident, but do not have proper documentation of residency, please speak directly to a manager.

Please complete all fields below and return to staff member, and we will create your account for you. Please print clearly and sign below.

Once staff has entered your info, you will receive an email from Chilled Ponds, and will need to confirm your email address. You will then receive a second email and will need to confirm your registration for the Self Service. Once both are confirmed, you will be able to and required to register for the Resident Public Sessions on the using your Resident Account Package. Please note, if you try to register for a regular public session online, you will be prompted to pay admission (you can just pay at the window for regular sessions).

Parent First and Last Name	
Address City, State, Zip	
Parent Date of Birth	
Phone #	
Secondary phone #	
Emergency Contact Name	
Emergency Contact Phone #	
Email Address Please note that all correspondence goes through this email. It is important that this be an email you check regularly.	
Children's Names and Dates of Birth	

I have read and understand all rules associated with Public Skating at Chilled Ponds. I understand that my behavior and the behavior of my children are my responsibility, and I agree to adhere to all rules listed above as well as the direction of rink staff. I understand that my children and I may lose our privilege to skate at Chilled Ponds if the rules and direction of rink staff are not adhered to.

Print First and Last Name

Signature

Date

BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

ASSUMPTION OF RISK: I am aware that ice skating and other recreational activities including but not limited to, hockey, broomball, recreational skating and figure skating, and activities associated with traveling for such activities (the "Activities") at Chilled Ponds Ice Sports Complex (collectively, the "Arena") involve certain inherent risks, dangers and hazards, which can result in serious personal injury or death and other personal and property damages. As such, I hereby freely agree to assume and accept any and all known and unknown risks of the injury or damages arising from my participation in the Activities. I further recognize and acknowledge that the risks inherent in the Activities can be greatly reduced by: taking lessons and using common sense.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: In consideration for allowing me to participate in the Activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Arena; Chilled Ponds Ice Sports Complex; any hockey or other league bodies, and any of their related entities resulting from my Activities at the Arena or at any other location, including, but not limited to, other arenas and at various locations when traveling relating to the Activities.

2. TO RELEASE THE RELEASED PARTIES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT I MAY SUFFER, OR THAT MY NEXT OF KIN MAY SUFFER, AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE OR BREACH OF CONTRACT ON THE PART OF THE RELEASED PARTIES IN THE OPERATION, SUPERVISION, DESIGN, OR MAINTENANCE OF THE ARENA OR RELATING TO MY PARTICIPATION IN THE ACTIVITIES;

3. I consent to the placement of my name/photo (and/or the name/photo of my minor child(ren)) on the Released Parties' websites. I waive all potential claims and liabilities against the Released Parties, relating in any way to the collection, use and disclosure of any of personally identifiable information on the internet, including compliance with the Federal Trade Commission's Children's Online Privacy Protection Act (COPPA) or any other law or regulation, if applicable.

BINDING EFFECT OF AGREEMENT: In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

ENTIRE AGREEMENT: In entering into this Agreement, I am not relying upon any oral or written representations other than what is set forth in this Agreement.

CHILLED PONDS will not issue refunds.

Print First and Last Name

Signature

Date:

For Office Use: Residency confirmed_____ Residency Cards Given_____