

New Castle Recreation and Parks Department

SKATE BOARD LESSONS
SESSION II
SUMMER 2008

Beginners Skateboarding- Come enjoy our skate park featuring rails, pyramids, quarter Pipes, bank ramps and ledges. Learn the proper way to skate and use this great equipment. This class is designed for children who are interested in learning the fundamentals of skate boarding. Such techniques as pushing, turning, and ollieing will be introduced.

Helmet, kneepads and elbow pads must be worn. You must supply your own skateboard.

TIME: 9:00 am – 9:50 am

Classes are taught through 2nd Nature Skateboard Shop in Sleepy Hollow, N.Y.

For more information on the instructors, or if you need to purchase a skateboard, shoes or any other

Gear go to www.2NTR.com or call (914)-333-0110

LIMIT: 10 Students per session \$85.00 Residents \$95.00 Non-Residents

Program # 240603

5 Sessions - Monday – Friday, August 25 – August 29



2008 - NEW CASTLE RECREATION SKATE BOARD LESSON FORM

NAME HOME PHONE AGE
(Please Print) BUSINESS PHONE

ADDRESS EMERG. PHONE GRADE

CITY STATE ZIP MALE FEMALE

The undersigned, understanding that there are risks of serious injury inherent in Skateboarding, and in consideration of having their above son/daughter permitted to participate in the New Castle Recreation & Parks Department's skateboarding program sponsored by the NEW CASTLE RECREATION AND PARKS COMMISSION, hereby assumes all risks of any personal injury or damage to personal property, sustained while undertaking this activity and hereby releases the TOWN OF NEW CASTLE; the NEW CASTLE RECREATION AND PARKS COMMISSION; the NEW CASTLE RECREATION AND PARKS DEPARTMENT; their employees, coaches, referees and volunteers from any and all liability whatsoever for any injury or damages which may be suffered by the above participant, while engaged in such activity.

In the event of injury, I give my permission for my child named above to be taken to a hospital for treatment to include 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.

X
(Parent's Signature) (Date)