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**VILLAGE
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PAUL J. PALLAS, P.E.
EXT. 219

CLERK
SYLVIA PIRILLO, RMC
EXT. 206

TREASURER
ROBERT BRANDT
EXT. 217

2017 Greenport Youth Skate School

Registration Form

Participant Name: _____

Birth Date: _____ Age: _____

Parent/Guardian
Name: _____

Mailing Address: _____

Town: _____ Zip : _____

Cell #: _____ Home #: _____

I understand that ice skating can be dangerous. Ice conditions vary constantly because of weather changes and skater use. Always skate in control. Skater holds Village of Greenport harmless for any claims of injury or liability.

New Skaters: Please bring one milk crate to each session.

Parent/Guardian
Signature: _____

All players are required to wear helmets, skates and gloves.