

**FAIRMAN'S Skate, Snow & Surf Shop's  
Private Individual/Small Group Skateboard Lessons  
Robert E. Lambert Park – West Goshen Township  
1045 Pottstown Pike (Rte. 100), West Chester, PA 19380**

**Individual or Group?** All sessions are one-hour. A series of three one-hour lessons (usually scheduled once a week for three weeks at a recurring time) is also available. Both options are available for individual skaters or for groups up to three. (Call for larger groups.)

**Dates and Times:** Lessons are scheduled at your convenience. After your registration form and fee is processed, a representative from FAIRMAN'S Skate, Snow & Surf Shop will contact you to arrange date(s) and time(s).

**Age requirements:** Skateboarders can be of ANY age or ability.

**ONE HOUR LESSONS**

1 skater – \$40.00

2 skaters – \$70.00 (\$35.00 per skater)

3 skaters – \$90.00 (\$30.00 per skater)

**WEEKLY LESSONS – ONE HOUR PER SESSION – 3 SESSIONS**

1 skater – \$105.00 \$35.00 X 3

2 skaters – \$180.00 (\$90.00 per skater) \$30.00 X 2 X 3

3 skaters – \$225.00 (\$75.00 per skater) \$25.00 X 3 X 3

The standard skatepark daily admission fee is included in the cost of your lesson(s).

**Checks should be made payable to West Goshen Township.**

**Registration:** Completed 3-page registration form should be mailed to:

West Goshen Twp. Parks & Rec. Dept. / Private Skateboarding Lessons / 1025 Paoli Pike, West Chester, PA 19380

**Cancellation:** There are no cancellations or refunds. In case of inclement weather or the skatepark closing due to any reason, your lesson will be rescheduled. If you are unable to attend a scheduled session, you must notify FAIRMAN'S Skate, Snow & Surf Shop at least 24 hours in advance.

**Arrival:** Please arrive to the skatepark prior to your scheduled start time to allow a few minutes to put on your safety gear and meet your instructor.

**Departure:** Students under the age of 18 will only be released to adults whose names are listed on the registration form unless prior notification is provided in writing to instructor at time of arrival. There will be a late pickup fee of \$10.00 per half hour.

**Equipment:** Each student must supply their own skateboard and safety equipment. A helmet is required at all times; knee pads and elbow pads are recommended.

***Save 20% on all protective gear at FAIRMAN'S Skate Shop with your paid registration!***

**Instructors:** All instructors are age 18 or older, and employees of FAIRMAN'S, Inc. Most are college students. All are advanced skateboarders who have experience with instruction.

**First Aid:** The instructor will *not* be equipped with any first aid materials. In case of emergency, we will call 911 and then the contact name(s) listed on the registration form.

**Other notes:** The skatepark will be open to the general public at all lesson times. Students under the age of 18 are not permitted to leave the skatepark or adjacent pavilion area at any time during the session unless accompanied by the instructor or their parent.

**Questions or additional information:** Call Mr. or Mrs. Fairman at FAIRMAN'S Skate, Snow & Surf Shop, 43 West Gay Street, West Chester, PA 19380; 610-344-9959 or visit [www.fairmans.com](http://www.fairmans.com).

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**INDIVIDUAL OR GROUP?** < Please circle one.

If GROUP; please list all others in your group on the lines provided below.

**LESSON OPTIONS - Please indicate your choice below:**

**ONE HOUR LESSONS**

1 skater – \$40.00

2 skaters – \$70.00     (**\$35.00** per skater)     Second skater's name \_\_\_\_\_

3 skaters – \$90.00     (**\$30.00** per skater)     Third skater's name \_\_\_\_\_

**WEEKLY LESSONS – ONE HOUR PER SESSION – 3 SESSIONS**

1 skater – \$105.00

2 skaters – \$180.00     (**\$90.00** per skater)     Second skater's name \_\_\_\_\_

3 skaters – \$225.00     (**\$75.00** per skater)     Third skater's name \_\_\_\_\_

**AMOUNT ENCLOSED:** \_\_\_\_\_

Skater's name: \_\_\_\_\_

Skater's address: \_\_\_\_\_

\_\_\_\_\_

Skater's date of birth: \_\_\_\_\_ West Goshen Twp. Resident? \_\_\_\_\_

Parent/Legal Guardian's name: \_\_\_\_\_

Relationship to Skater: \_\_\_\_\_

Parent/Legal Guardian's address (or same): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian's home telephone number: \_\_\_\_\_

Parent/Legal Guardian's work telephone number: \_\_\_\_\_

Parent/Legal Guardian's mobile telephone number: \_\_\_\_\_

Parent/Legal Guardian's e-mail address: \_\_\_\_\_

Alternate e-mail address: \_\_\_\_\_

Alternate Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier and Policy Number: \_\_\_\_\_

Most Recent Tetanus Vaccine Date: \_\_\_\_\_

Medication Required: \_\_\_\_\_

Bee Sting, Food or Medicine Allergies: \_\_\_\_\_

If yes to any of the above, please provide labeled emergency medicine and procedure for administration.

**In addition to myself, I give permission for my son/daughter to be released to the following people at the conclusion of each lesson:**

Name: \_\_\_\_\_ Relationship to skater: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to skater: \_\_\_\_\_

**AGREEMENT FOR WAIVER, RELEASE, INDEMNIFICATION & ASSUMPTION OF RISKS**

I, the undersigned, declare that I am the parent or legal guardian of the minor child named on this form.

I hereby agree and understand that participation in private skateboarding lessons at the skatepark administered by Fairman's, Inc. poses certain potential risks. I accept this fact, and agree that my child's participation in the lessons is done with my full knowledge. I understand that Fairman's, Inc., the skatepark and/or their employees, agents, management, sponsors and volunteers are not responsible for any injury that my child might incur as a result of participating in the lessons.

I acknowledge and understand that skateboarding is a hazardous and dangerous activity that requires strenuous exercise and various degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property. I also understand that these risks, hazards and dangers are further increased when other persons, whether of the same level of experience or skill or not, are using the same facilities. I am aware of the risks, hazards and dangers of personal injury, death and disability inherent in viewing and/or participating in any skateboarding event; and that while the lessons will be supervised by Fairman's, Inc. staff, there is a possibility and risk of injury. I VOLUNTARILY ASSUME SUCH RISKS.

I represent that my child is in sufficiently good physical condition to participate in the programs and activities of the lessons without jeopardizing his/her health. I understand that I have given up substantial rights by signing this waiver and release, and sign it voluntarily. This waiver/release also binds my heirs and assignees.

I understand, consent to and authorize, in advance, the use of my child's name, voice, picture, or other likeness, in combination or alone, in any broadcast, telecast, print medium, advertising, promotion, or other account of the lessons. I hereby irrevocably grant to Fairman's, Inc. the right to photograph and/or record on film, video and/or audio my minor child's likeness, and further grant Fairman's, Inc. a perpetual, royalty-free license to use the likeness (and any simulation, alteration or reproduction thereof) in connection with advertising, marketing, products, packaging or other uses without compensation and without restriction as to duration, geography, media or frequency.

**AUTHORIZATION TO TREAT A MINOR AND/OR RELEASE OF PATIENT'S RECORDS**

1) I, the undersigned, do hereby authorize any hospital, physician, or other person who has attended to or examined my child to furnish Fairman's, Inc. or its representatives, any and all information with respect to any illness, injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical records upon request. A photo copy of this authorization shall be considered as effective and valid as the original.

2) I authorize the consent to any x-ray examination, laboratory procedure, anesthetic, medical, or surgical diagnosis and treatment which is deemed advisable by general medical staff or emergency room personnel under the provisions of the State of Pennsylvania, Department of Public Health.

3) I understand that an effort shall be made to contact me prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if I can not be reached.

4) It is understood that the person presenting this authorization is acting as my agent and will not be held liable for treatment(s) and other services rendered.

5) I accept full financial responsibility for all medical treatment(s) and services rendered to my child.

I hereby certify that I am over 18 years of age. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I may have or possess.

Skater's Name: \_\_\_\_\_

Parent or Guardian's name (print): \_\_\_\_\_

Relationship to Skater: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make check payable to West Goshen Township and mail to: West Goshen Twp. Parks & Recreation Dept.  
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