



Champions Skating Center

6 Progress Drive Cromwell, CT 06416
Phone: (860) 632-0323x26 / Fax: (860) 632-2088
www.championsskatingcenter.com
Email: sk8champions@yahoo.com



Learn to Skate / Hockey Learn to Skate US Figure Skating Learn to Skate Program 2009/2010 Session 6

See Program Information Flyer for class description

Please Indicate Day/Session/Class: (prices include all fees and rentals if needed)

Monday Please Check One: Learn to Skate Hockey Learn to Skate

<input type="checkbox"/> 8 Weeks/Full Summer	6:00-6:50pm	\$135.00 for 8 weeks	7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16, 8/23
<input type="checkbox"/> 4 Weeks/July	6:00-6:50pm	\$68.00 for 4 weeks	7/5, 7/12, 7/19, 7/26
<input type="checkbox"/> 4 Weeks/Aug	6:00-6:50pm	\$68.00 for 4 weeks	8/2, 8/9, 8/16, 8/23

Thursday Please Check One: Learn to Skate Hockey Learn to Skate

<input type="checkbox"/> 8 Weeks/Full Summer	6:00-6:50pm	\$135.00 for 8 weeks	7/8, 7/15, 7/22, 7/29, 8/5, 8/12, 8/19, 8/26
<input type="checkbox"/> 4 Weeks/July	6:00-6:50pm	\$68.00 for 4 weeks	7/8, 7/15, 7/22, 7/29
<input type="checkbox"/> 4 Weeks/Aug	6:00-6:50pm	\$68.00 for 4 weeks	8/5, 8/12, 8/19, 8/26

Helmets are recommended for all beginning level skaters ages 6 and under

Snowplow 1 2 Adult Basic 1 2 3 4 5 6 7 8 Basic 1 2 3 4 5 6 7 8 Freeski 1 2 3 4 5 6 Hockey 1 2 3 4

- *Notes: 1) Adult classes will be offered on the Mon/Thurs 6pm ONLY. Classes may be cancelled/combined due to insufficient enrollment
2) Skaters must sign up for same class to put all skaters on one application and to qualify for any family discount (immediate family only)

Skater #1	Age	DOB	Level	M	F
Skater #2	Age	DOB	Level	M	F
Skater #3	Age	DOB	Level	M	F

Address _____ City/State/Zip _____

Phone Number (all applicable) _____

Email _____

Parents Names _____

Liability Waiver: It is understood that Champions Skating Center, LLC assumes no responsibility or liability for injuries or loss of property, which might occur during skating activities. I hereby release Champions Skating Center, LLC from liability from injury suffered during participation, including injury resulting from negligence of Champions Skating Center, LLC. In consideration of the registration, the undersigned waives any claim or cause of action which might occur to him/her against Champions Skating Center, LLC by reason of injury or loss of or damage arising out of activities. Champions Skating Center reserves the right to cancel, alter, or change any skating lessons. Champions has **no make-up policy** and will allow 2 public skating passes for one missed class. Champions has a strict 'no drop off' policy. Skaters 11 years and under must have a responsible party at the facility at all times. Skater can be pro-rated into classes after the start date based on availability. Classes will be pro-rated \$10.00 per class per week past start date.

X Parent/Guardian/Adult Skater Signature	Date
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Please return **form with payment** and make checks payable to **Champions**. All fees are non-refundable.

Deadline: One week prior to start date of class or when class is full. Call (860) 632.0323 x 26 for availability after deadline

Notes:	Amount Paid	Type of Pmt	LTS Session 6 7/10
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