



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

US Figure Skating Learn to Skate Program

2007/2008 Session 5

- * Course meets once a week, consisting of 40 minutes of instructional skating and 10 minutes of on-ice practice time
- * Includes US Figure Skating badges for completed levels
- * Learn to Skate is for those 4 years and up - Tots classes available inquire within
- * Family Discounts (3 or more skaters) and additional day discounts (all members must be USFS members)
- * There will be no more than 9 skaters per group and levels may be combined or cancelled due to insufficient enrollment

New Skaters: \$130.00 for Class + USFS Basic Skills Membership (valid 9/1/07 - 8/30/08)

Returning Skaters: \$105.00 for 7 weeks for skaters with current Basic Skills Membership

Monday	6:00-6:50pm	(adults/children)	5/5, 5/12, 5/19, 6/2, 6/9, 6/16, 6/23
Thursday	6:00-6:50pm	(adults/children)	5/8, 5/15, 5/22, 6/5, 6/12, 6/19, 6/26
Thursday	6:50-7:40pm	(adults/children)	5/8, 5/15, 5/22, 6/5, 6/12, 6/19, 6/26
Saturday	9:00-9:50am	(children only)	5/10, 5/17, 5/24, 6/7, 6/14, 6/21, 6/28

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

Please circle the day and level to be enrolled in : (return entire form **DO NOT CUT)**

Monday 6pm

Thursday 6pm

Thursday 6:50pm

Saturday 9:00am

Snowplow 1 2

Adult Basic 1 2 3 4 5 6 7 8

Basic 1 2 3 4 5 6 7 8

Freeskate 1 2 3 4 5 6

Skater Name _____ Age _____ DOB _____ M F
 Address _____ City/State/Zip _____
 Phone Number (all applicable) _____
 Email _____
 Parents Names _____

★ USFS Basic Skills or Full USFS Membership Required for this program: Current # _____ ★

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 one class \$10.00 credit per session with approval. Champions has a strict 'no drop off' policy. Skaters 11 years and under must have a responsible party at the facility at all times.

Parent/Guardian or Adult Skater Signature _____ **Date** _____

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

Office Use Only

USFS PMT/Form	Amount Paid	Type of Pmt	LTS Session 5 5/08
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