



Champions Skating Center

6 Progress Drive Cromwell, CT 06416
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LEARN TO SKATE

US Figure Skating Learn to Skate Program
2008/2009 Session 6

See Program Information Flyer for class description

Registration Type:

\$135.00 for 8 week session (includes all fees and skate rental if needed)

Please Indicate Day:

*Classes may be cancelled or combined based on enrollment

<input type="checkbox"/>	Monday	6:00-6:50pm	(adults/children)	7/6, 7/13, 7/20, 7/27, 8/10, 8/17, 8/24, 8/31 (NO 6/29 or 8/3)
<input type="checkbox"/>	Monday	6:50-7:40pm	(Children Only)	7/6, 7/13, 7/20, 7/27, 8/10, 8/17, 8/24, 8/31 (NO 6/29 or 8/3)
<input type="checkbox"/>	Thursday	6:00-6:50pm	(adults/children)	7/9, 7/16, 7/23, 7/30, 8/13, 8/20, 8/27, 9/3 (NO 7/2 or 8/6)

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

Freeskate 1 2 3 4 5 6

Skater Name _____ Age _____ DOB _____ 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 a **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.

Skaters beginning after WEEK 1 (if the session is not full) may be pro-rated less \$10.00 for each class missed with approval.

X Parent/Guardian/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 6 7/09