



Champions Skating Center

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



Homeschool LEARN 2 SK8TE

US Figure Skating Learn to Skate Program

FEES: (free rentals if needed)

1 skater	2 skaters	3 skaters	4 skaters	5+ Skaters
\$110	\$220	\$297* (10% off)	\$297* (4th free)	\$25.00 each add'l

Includes all fees and services (including rentals)

Class Day/Time:

Wednesday Class 11:15am-12:00pm

*participants can skate the public skate following class time
*all skaters under the age of 6yrs must skate with a parent

Sessions: Wednesday Dates

Session 1 9/9, 9/16, 9/23, 9/30, 10/7, 10/14, 10/21, 10/28

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

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 no refund policy. Champions has a strict 'no drop off' policy. Skaters 11 years and under must have a responsible party at the facility at all times.

X Parent Signature	Date
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	Skater Name	D.O.B	Age	M/F
1		/ /		
2		/ /		
3		/ /		
4		/ /		
5		/ /		

Address _____ City/State/Zip _____

Phone Number (all applicable) _____

Email _____

Parents Names _____

Please return **form with payment** and make checks payable to **Champions**. All fees are non-refundable.
Deadline: 1 week prior to start date of class or when full. Call (860) 632.0323 x 26 for availability after deadline

Form	Amount Paid	Office Use Only Type of Pmt	HSLTS Sess 1
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