



# Champions Skating Center

6 Progress Drive Cromwell, CT 06416  
Phone: (860) 632-0323x26 / Fax: (860) 632-2088  
[www.championsskatingcenter.com](http://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 4  3/3, 3/10, 3/17, 3/24, 3/31, 4/7, 4/14, 4/21

#### 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.

<input checked="" type="checkbox"/> 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 Sess4 3/10
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