



2010/2011 **BASIC, ADULT, ADVANCED LEARN TO SKATE** APPLICATION



Cash/Check/Charge \_\_\_\_\_ Class \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
Cash/Check/Charge \_\_\_\_\_ Class \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
Cash/Check/Charge \_\_\_\_\_ Class \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
Cash/Check/Charge \_\_\_\_\_ Class \_\_\_\_\_ Date Rec'd \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

E-MAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

**PLEASE INDICATE SESSION ATTENDING:**

<b>Session 1:</b>	<b>September 13, 2010 – November 20, 2010</b>	
<b>Session 2:</b>	<b>November 22, 2010 – January 29, 2011</b>	<b>*NO CLASS 11/25; 12/ 25, 1/ 1</b>
<b>Session 3:</b>	<b>January 31, 2011 – April 9, 2011</b>	
<b>Session 4:</b>	<b>April 11, 2011– June 18, 2011</b>	<b>*NO CLASS 5/30</b>

**PLEASE INDICATE DAY ATTENDING:**

DAY	TIME	SES 1	SES 2	SES 3	SES 4
Wednesday Basic Skills	4:35 – 5:35 (Rink 1)	\$150	\$150	\$150	\$150
Thursday Basic Skills	2:00 – 3:00 (Rink 1)	\$150	\$135	\$150	\$150
Saturday Basic Skills	7:50 – 8:50 (Rink 3)	\$150	\$120	\$150	\$150
Monday Advanced Skills	4:35 – 5:35 (Rink 1)	\$180	\$180	\$180	\$162
Thursday Advanced Skills	4:35 – 5:35 (Rink 1)	\$180	\$162	\$180	\$180

*I am aware that figure skating is a dangerous sport and that my (or my child's) participation in skating or training activities is at my (or my child's) sole risk. I hereby agree to release, indemnify and hold harmless Colonial Figure Skating Club, Inc., Nashoba Valley Olympia, Inc., and Olympus Realty Trust and all their directors, officers, agents, insurers, attorneys, and employees from any and all claims, demands, losses, damages or injury, whatsoever of any kind or nature that I may sustain as a result of my (or my child's) participation or activities with CFSC. **NO REFUNDS OR MAKE-UP CLASSES WILL BE ALLOWED WITH THE EXCEPTION OF MEDICAL REFUNDS ACCOMPANIED WITH A DOCTOR'S NOTE.***

*I give permission for all photographs, videos, and other forms of media identifying and portraying the above skater to be used by CFSC for marketing purposes. \_\_\_\_\_ Yes \_\_\_\_\_ No*

*I have read the above and understand all terms and conditions of this contract, including my financial obligations to Colonial Figure Skating Club, Inc. and will abide by them as stated above. \_\_\_\_\_ Yes \_\_\_\_\_ No*

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

**PLEASE COMPLETE FOR CREDIT CARD PAYMENT**  
(American Express, Visa, Mastercard, Discover)

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Amt. Pd. \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

PLEASE MAIL APPLICATION, WITH FULL PAYMENT, TO:

COLONIAL FSC  
P.O. BOX 517  
W. ACTON, MA 01720