



# BEGINNER SYNCHRO CAMP

JULY 6, 7, 13, 14, 2009

RINK 2  
2:30 - 4:45

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ M/F \_\_\_\_\_ Phone # \_\_\_\_\_ SKATER LEVEL: \_\_\_\_\_

PLEASE INDICATE DAY(S) ATTENDING	
\$35 PER CLASS - \$135 ALL FOUR CLASSES	
<input type="checkbox"/> Monday, July 6	<input type="checkbox"/> \$35
<input type="checkbox"/> Tuesday, July 7	<input type="checkbox"/> \$35
<input type="checkbox"/> Monday, July 13	<input type="checkbox"/> \$35
<input type="checkbox"/> Tuesday, July 14	<input type="checkbox"/> \$35
<input type="checkbox"/> ALL FOUR CLASSES	<input type="checkbox"/> \$135

*I am aware that figure skating is a dangerous sport and that my child's participation in skating or training activities is at my child's sole risk. I hereby agree to release, indemnify and hold harmless, Colonial Figure Skating Club, 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 child's participation or activities with CFSC.*

**PARENT/GUARDIAN SIGNATURE**

Colonial Figure Skating Club accepts cash, checks, visa, master card, and discover. Payments may be made to CFSC; P.O. Box 517; West Acton, MA 01720. Please provide information below for credit card payments:

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_