



# LEARN TO SKATE REGISTRATION: WINTER II 2017

P.O. Box 517, West Acton, MA 01720 | P: (978) 263-3450 | F: (978) 263-1816 | [www.skatecolonial.org](http://www.skatecolonial.org)

**REGISTRATION DEADLINE : 1/16/2017** USFS # : \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

## 1. CLASS SELECTION : January 23 – April 2, 2017

SELECT CLASS (X)	DAY/ TIME	CLASS DESCRIPTION	WEEKS	WINTER II	NOTES
	MON 4 :35-5 :35 p.m.	Advanced Skills (PREFREE (Basic 7) & above)	9	207.00	NO CLASS 2/20
	WED 4 :35-5 :35 p.m.	Basic Skills (Age 3+, Beginner-Basic 8)	9	180.00	NO CLASS 2/22
	THR 2 :00-3 :00 p.m.	Basic Skills (Age 3+, Beginner-Basic 8)	9	180.00	NO CLASS 2/23
	THR 2 :00-3 :00 p.m.	Early Release Basic Skills (Age 3+, Beg.-Basic 6)	4	100.00	CLASS DATES : 2/2, 2/16, 3/2, 3/16
	THR 4 :35-5 :35 p.m.	Advanced Skills (PREFREE (Basic 7) & above)	9	207.00	NO CLASS 2/23
	SAT 7 :50-8 :50 a.m.	Basic Skills (Age 3+, Beginner-PF & Adult)	9	180.00	NO CLASS 2/25
	SUN 10 :30-11 :30 a.m.	Basic Skills (Age 3+, Beginner-PF & Adult)	9	180.00	NO CLASS 2/26

## 2. SKATER INFORMATION: (please print clearly)

PARTICIPANT: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (City/State/Zip): \_\_\_\_\_

Skater works with a private coach \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, INDICATE COACH: \_\_\_\_\_

Skater has taken Learn to Skate lessons in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE INDICATE LEVEL PASSED \_\_\_\_\_

### ENROLL IN: (CIRCLE ONES):

SNOW PLOW SAM LEVEL (BEGINNER)	1	2	3	4	Can the skater skate <i>backwards</i> ? YES / NO	
BASIC SKILLS LEVEL	1	2	3	4	5	6
FREE SKATE LEVEL	Pre-Free		1	2	3	4 5 6
ADULT/ TEEN	1	2	3	4	5	6



## 3. PAYMENT/ REFUND/ SWITCHING POLICY

### ENCLOSED IS: (Please make checks payable to Colonial Figure Skating Club, Inc.)

\$ \_\_\_\_\_ CLASS FEE  
 - \_\_\_\_\_ MULTI-CLASS DISCOUNT (10% off a 2<sup>nd</sup> weekly class of equal or lesser value)  
 - \_\_\_\_\_ FAMILY DISCOUNT (1<sup>st</sup> family member pays 100%, 2<sup>nd</sup> family member disc. \$10.00, 3<sup>rd</sup> family member disc. \$15.00)  
 \$ \_\_\_\_\_ **\$30.00 ANNUAL MEMBERSHIP FEE** (REQUIRED. Applies to ALL applicants registering for the first time since 7/1/2016)  
 \$ \_\_\_\_\_ TOTAL

VISA/ MC/ Disc. Accepted. # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Enrollment is accepted on a first come, first serve basis and must be paid in full at time of registration. All payments are non-refundable unless the program is cancelled. Makeup classes and walk-ons are not permitted. \*The Annual Membership Fee is valid July 1, 2016 thru June 30, 2017. CFSC reserves the right to cancel class when necessary. I understand the terms of this contract, including my financial obligation to Colonial Figure skating Club, Inc. If paying by credit card, I authorize Colonial Figure Skating Club to charge my credit card for future sessions as requested.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## 4. WAIVER/ MEDIA RELEASE

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. (CFSC), Nashoba Valley Olympia, Inc., and Olympus Realty Trust, all their directors, officers, agents, insurers, attorneys, and employees, from any and all claims, demands, losses, damages or injury, whatsoever of any kind of nature that may be sustained as a result of my (or my child's) participation or activities with CFSC. \_\_\_\_\_ (Initial) I give permission for all photos, videos, and other forms of media identifying/portraying the above skater to be used by CFSC for marketing purposes. \_\_\_\_\_ (Initial)

FOR OFFICE USE ONLY: AMT. PAID \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CC \_\_\_\_\_ BALANCE DUE \_\_\_\_\_