



LEARN TO SKATE REGISTRATION: SPRING 2017

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

REGISTRATION DEADLINE : 3/27/2017 USFS # : _____ DATE RECEIVED: _____

1. CLASS SELECTION :April 3 – June 11, 2017

SELECT CLASS (X)	DAY/ TIME	CLASS DESCRIPTION	WEEKS	SPRING	NOTES
	MON 4 :35-5 :35 p.m.	Advanced Skills (PREFREE (Basic 7) & above)	8	\$184.00	NO CLASS 4/17, 5/29
	WED 4 :35-5 :35 p.m.	Basic Skills (Age 3+, Beginner-Basic 8)	9	\$180.00	NO CLASS 4/19
	THR 2 :00-3 :00 p.m.	Early Release Basic Skills (Age 3+, Beg.-Basic 6)	4	\$100.00	CLASS DATES : 4/6, 5/4, 5/18, 6/1
	THR 4 :35-5 :35 p.m.	Advanced Skills (PREFREE (Basic 7) & above)	8	\$184.00	NO CLASS 4/20, 5/18
	SAT 7 :50-8 :50 a.m.	Basic Skills (Age 3+, Beginner-PF & Adult)	7	\$140.00	NO CLASS 4/22, 5/20, 5/27
	SUN 10 :30-11 :30 a.m.	Basic Skills (Age 3+, Beginner-PF & Adult)	6	\$120.00	NO CLASS 4/23, 5/21, 5/28

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 2nd weekly class of equal or lesser value)*

- _____ *FAMILY DISCOUNT (1st family member pays 100%, 2nd family member disc. \$10.00, 3rd 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 _____