



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 | colonial@colonialfsc.com

REGISTRATION DEADLINE : 1/21/2018 USFS # : _____ DATE RECEIVED: _____

1. CLASS SELECTION : January 29 – April 1, 2018

| CHOOSE CLASS (X) | DAY/ TIME | CLASS DESCRIPTION | WINTER CLASSES | PRICE | WINTER NOTES |
|------------------|------------------------|--|----------------|----------|----------------------------|
| | MON 4 :35-5 :35 p.m. | Advanced Skills (PRE FREESKATE& above) | 8 | \$184.00 | NO CLASS 2/19-2/25, or 4/1 |
| | WED 4 :35-5 :35 p.m. | Basic Skills (Age 3+, Beginner-Basic 8) | 8 | \$160.00 | NO CLASS 2/19-2/25, or 4/1 |
| | THR 2 :00-3 :00 p.m. | Basic Skills (Age 3+, Beginner-Basic 8) | 8 | \$160.00 | NO CLASS 2/19-2/25, or 4/1 |
| | THR 4 :35-5 :35 p.m. | Advanced Skills (PRE FREESKATE & above) | 8 | \$184.00 | NO CLASS 2/19-2/25, or 4/1 |
| | SAT 7 :50-8 :50 a.m. | Basic Skills (Age 3+, Beginner-PF & Adult) | 8 | \$160.00 | NO CLASS 2/19-2/25, or 4/1 |
| | SUN 10 :30-11 :30 a.m. | Basic Skills (Age 3+, Beginner-PF & Adult) | 7 | \$140.00 | NO CLASS 2/19-2/25, or 4/1 |

2. SKATER INFORMATION: (please print clearly)

PARTICIPANT: _____ DOB: _____ PHONE: () _____

PARENT/GUARIDIAN: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS (City/State/Zip): _____

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

HOW DID YOU HEAR ABOUT US ? _____

ENROLL IN: (CIRCLE ONES):

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



3. PAYMENT/ REFUND/ SWTICHING 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, if applicable)
 - _____ FAMILY DISCOUNT (1st family member pays 100%, 2nd family member disc. \$10.00, 3rd family member disc. \$15.00, if applicable)
 \$ _____ **\$30.00 ANNUAL MEMBERSHIP FEE (REQUIRED. Applies to ALL applicants registering for the FIRST time since 7/1/2017)**
 \$ _____ 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, 2017 thru June 30, 2018. 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 _____