

SARATOGA SPRINGS FIGURE SKATING CLUB

<http://ssfsc.wordpress.com>



Provides a fun and positive experience that will instill a lifelong love of skating.

Will teach children ages 3-adults the fundamentals of ice skating while building confidence and skills through each lesson.

Skater's Name: _____ DOB: _____ USFS# _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell Phone: _____ e-mail: _____

Previous Skating Level/Experience: (check all that apply)

- No experience
- Some Experience
- Skated in Learn-to-Skate Program (level of class _____)
- I can skate forward
- I can skate backwards
- I can do crossovers
- Other _____

Summer 2017: July 12, 19, 26, August 2, 16, 23

Registration open June 1-July 5th! Join us Wednesdays Skills & Drills 5:30-6:00; LTS 6:00-7:00 p.m.

SUMMER SPECIAL:

1st Lesson

- ½ hr group lesson + ½ hr practice ice
- **\$87.00 for a 6-week session**

Add 2nd lesson

- in substitution for practice ice add 2nd ½ hr lesson
- **\$50.00 per additional lesson**

Special Introductory offer! Adult Learn to Skate

- **\$45.00 for a 6-week session**

Please check class choice (s) below:

(Final class assignment determined by coach)

- Basic Skills**
- Advanced Skills/Freestyle**
- Learn-to-Dance***
- Learn-to-Synchro***
- Skills and Drills***
- Adult LTS**

***NOTES:** • These lessons open to all skaters Basic 3/4 and up. • There will be no make-ups or refunds for missed classes.

Authorization for Medical Treatment:

Primary Physician: _____ Phone: _____

Known allergy/special condition: _____ Date of Last Tetanus Shot: _____

Medications now being taken: _____

I do hereby appoint the Saratoga Springs Figure Skating Club to act on my behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for my minor child and myself.

Parent/Guardian Signature: _____ Date: _____

Photo Waiver: The SSFSC Learn to Skate USA program has my permission to use my child's photograph publically to promote their programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

How did you hear about SSFSC Learn to Skate USA Program? Website Flyer Friend/Family Other _____

- Contact: Rachel Rosan, rachel@saratogalearntoskate.com
- Payment by check made payable to Saratoga Springs Figure Skating Club
- Please send application (and check if applicable) to: SSFSC, Attn: LTS, PO Box 1059, Saratoga Springs, NY 12866
- **For more information, go to <http://www.SaratogaLearnToSkate.com>**