



SARATOGA SPRINGS FIGURE SKATING CLUB

Join us for Winter Learn to Skate! Sundays 4:30-6:00 pm* at the Vernon Rink

*(specific class times dependent on skill level and # of registrants)

Winter 1 Session: 1/7, 1/14, 1/21, 1/28, 2/4, 2/11

Winter 2 Session: 2/18, 2/25, 3/4, 3/11, 3/18, 3/25** (**3/25 is the Spring Exhibition)

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 LTS Program, I can skate forward, I can skate backwards, I can do crossovers, Other

1st Lesson

- 1/2 hr group lesson + 1/2 hr practice ice, \$87.00 for a 6-week session

Add 2nd lesson

- in substitution for practice ice add 2nd 1/2 hr lesson, \$63.00 per additional lesson

Please check class choice (s) below:

(Final class assignment determined by coach)

- Basic Skills, Advanced Skills/Free Skate, Learn-to-Dance*, Learn-to-Synchro*, 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.

Table with 3 columns: Lesson, Winter 1 only, Winter 1 & 2. Rows for 1st Lesson, 2nd Lesson, Total.

Register for Winter 1 & Winter 2 now and SAVE!

(full payment must be received at time of registration)

Authorization for Medical Treatment: Primary Physician: _____ Phone: _____

Known allergy/special condition: _____ 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 publicly 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: LTS, 461 Grand Ave., Saratoga Springs, NY 12866 or email to rachel@saratogalearntoskate.com
For more information and to find credit card payment links, go to http://www.SaratogaLearnToSkate.com