



SARATOGA SPRINGS FIGURE SKATING CLUB

Join us for Fall Learn to Skate! Sundays 4:30-6:00 pm*

at the Vernon Ice Rink 30 Weibel Avenue Saratoga Springs, NY 12866

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

4:30 pm Sunday Session 1: 9/23, 9/30, 10/7, 10/14, 10/21, 10/28

Skater's Last Name: _____ First Name: _____ M F
Address: _____ City _____ Zip _____
Phone: _____ Email: _____ Birth Date: _____
Parent/Guardian Name: _____

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

- no experience some experience Skated in LTS Program (level of class _____)
I can skate forward I can do forward crossovers I can do backward crossovers

Please check class choice (s) below:

(Final class assignment determined by coach)

Table with 2 columns: Class Name, Price. Includes First lesson - Sunday (\$90), Each additional lesson (\$63), Additional 1/2 hr practice ice (\$10), Special Offer! Adult Learn to Skate (\$75).

Table with 2 columns: Class Name, Selection Box. Includes SUN 4:30, Basic Skills, Advanced Skills/Free Skate, Learn-to-Dance*, Learn-to-Synchro*, Skills and Drills*, Adult LTS, Additional 1/2 hr Practice Ice.

NOTES:

Six Week Session

There will be no makeups or refunds for missed classes

*These lessons open to all skaters Basic 3/4 and up

Summary table with 2 columns: Item, Price. Includes 1st Lesson, 2nd Lesson, 3rd /4th Lesson, Additional Practice Ice, Adult LTS Special Offer, TOTAL.

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: Bart Bergbom, ice@saratogaspringsfsc.info Payment by check made payable to Saratoga Springs Figure Skating Club

Please send application (and check if applicable) to: LTS, 23 Lincoln Ave Glens Falls NY 12801 or email to ice@saratogaspringsfsc.info

For more information and to find credit card payment links, go to www.SaratogaLearnToSkate.com