



SARATOGA SPRINGS FIGURE SKATING CLUB

Join us for Fall Learn to Skate! Saturdays 9:00am to 10:00am
at the Vernon Ice Rink 30 Weibel Avenue Saratoga Springs, NY 12866

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

9am Saturday Fall Session 1: 9/28, 10/5, 10/12, 10/19, 10/26, 11/2

Fall Session 2: 11/9, 11/16, 11/23, 12/7, 12/14, 12/21

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, 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)

First class \$90
(includes 1/2 hr group lesson and 1/2 hr practice ice)
Each additional class \$63

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

Special Offer! Sign up for Winter Sessions I & II
and save \$10!

NOTES:

Six Week Session

1st Lesson \$ _____

2nd Lesson \$ _____

Session I & II Discount \$ _____

TOTAL \$ _____

There will be no makeups or refunds for missed classes
*These lessons open to all skaters Basic 3/4 and up

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: Sara Frankenfeld frankenfeld.sara@gmail.com 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