



SARATOGA SPRINGS FIGURE SKATING CLUB

Join us for Winter 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 Winter Session 1: 1/4, 1/11, 1/18, 1/25, 2/1, 2/8
Winter Session 2: 2/22, 2/29, 3/7, 3/14, 3/21, 3/28

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)

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 _____