



RISING STARS

INTRODUCTION TO FIGURE SKATING

*This class is the next step in pursuing the sport of figure skating!
Advanced figure skating instruction & Competition Preparation for beginner level skaters.*

Basic 6 Graduates are welcome!

Includes a 45 minute on-ice class and a 20 minute off-ice class!

	<u>Dates</u>	<u>Time</u>	<u>Rink</u>	<u>Cost</u>
Mondays:	Jan. 27, Feb. 3, 10, 17, 24, March 2, 9, 16	4:45 - 5:30 On-Ice, 5:40 – 6:00 Off-Ice	Holiday Rinks	\$114/8
Tuesdays:	Jan. 28, Feb. 4, 11, 18, 25, March 3, 10, 17	4:45 - 5:30 On-Ice, 5:40-6:00 Off-Ice	Leisure Rinks	\$114/8

(A yearly fee of \$18.00 payable to Skate Great is also required. This includes a skating manual & membership to the USFS)

Visit us on the web at: www.sk8gr8.com

RISING STARS

January - March 2020

Registration Form - RISING STARS

Make check or money order payable to:



Skate Great
4536 Main St. Suite 102, Amherst, NY 14226

LEISURE RINKS
75 Weiss Road
Orchard Park, NY 14127

HOLIDAY TWIN RINKS
3465 Broadway
Cheektowaga, NY 14227

Children 6 and under are encouraged to wear an ice safe helmet

Name _____

Address _____ City _____ Zip _____

Phone _____ Male/Female _____ Birthdate _____

E-mail (*discounts & email confirmation) _____ Badge Level _____

Member of USFS: YES / NO If no, required USFS Annual Charge of \$18.00

Mondays: _____ Tuesdays: _____ Interested in private lessons? YES / NO

Please check if this box if you would like to receive text alerts for cancellations, updates, etc. Cell # _____

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the session for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent for Skate Great to use photographs my child. ___ No, I do not authorize Skate Great to use any photographs of my child.

Parent Signature _____

Date: _____

Skate Great assumes no responsibility for any accident or injury to any participant. No Refunds / Exchanges. \$50.00 fee for all returned checks.