



# 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 6/7 MUST BE COMPLETED TO GRADUATE INTO THIS PROGRAM**

	<u>Dates</u>	<u>Time</u>	<u>Rink</u>	<u>Cost</u>
<b>Spring:</b>				
<b>Saturday:</b>	April 11, 25, May 2, 9, 23, 30 <i>*No Class April 18 &amp; May 16</i> Early Bird Discount of \$96 if paid in full by April 5 <sup>th</sup> !	9:20-10:45am (Includes an off ice warmup at 9:20-9:35)	Holiday Rinks	\$108/6
<b>Tuesday:</b>	May 26, June 2, 9, 16, 23	4:45 - 5:30	Leisure Rinks	\$75/5
<b>Summer:</b>				
<b>Monday Clinic:</b>	June 29, July 13, 20, 27, August 3, 10, 17 <i>*No Class July 6</i> Early Bird Discount of \$112 if paid in full by June 22 <sup>nd</sup> !	9:20-10:30am (Includes an off ice warmup at 9:20-9:35)	Holiday Rinks	\$126/7
<b>Tuesday:</b>	June 30, July 7, 14, 21, 28, August 4, 11	4:30 - 5:15	Leisure Rinks	\$105/7

(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](http://www.sk8gr8.com)**

### RISING STARS Spring & Summer 2020

Registration Form - RISING STARS  
Make check or money order payable to:  
Skate Great  
4536 Main St. Suite 102, Amherst, NY 14226



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_

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

<b>LEISURE RINKS</b> 75 Weiss Road Orchard Park, NY 14127	<b>HOLIDAY TWIN RINKS</b> 3465 Broadway Cheektowaga, NY 14227
Children 6 and under are encouraged to wear an ice safe helmet	

Member of USFS: YES / NO      If no, required USFS Annual Charge of \$18.00 (Valid July 1<sup>st</sup> – June 30<sup>th</sup>)

Spring – Saturday Clinic: \_\_\_\_\_ Tuesday: \_\_\_\_\_      Summer - Monday Clinic: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Check# \_\_\_\_\_

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.*