

September - November 2021

LEARN-TO-SKATE



LARGEST BASIC SKILLS PROGRAM IN WESTERN NEW YORK, TOP 10 IN THE U.S.

Learn - To - Skate

Boys & Girls

Ages 3 thru Adult: Beginner - Advanced

Award Winning U.S.F.S. Basic Skills Program

Beginner Hockey

Boys & Girls

Endorsed by USA Hockey: Basic skating skills required

Basics taught without the use of sticks and pucks

- REGISTER ONLINE / BY MAIL TO RESERVE YOUR SPOT
- FREE Loaner Skates
(If needed, please arrive 30 min early on the first day)
- 45 Minute Session Includes: 30 min. lesson & 15 min. practice
- Children 6 & under are encouraged to wear an Ice Safe Helmet, bike helmets okay!
- Year-Round Programs

For Information contact:
Skate Great Office (716) 580-3458
WWW.SK8GR8.COM

LEISURE RINKS
75 Weiss Road
West Seneca, NY 14224

HOLIDAY TWIN RINKS
3465 Broadway
Cheektowaga, NY 14227

SEPTEMBER - NOVEMBER SESSION

MONDAYS: Holiday Rinks 5:30-6:15
September 20, 27, October 4, 11, 18, 25, November 1, 8

TUESDAYS: Leisure Rinks 5:30 - 6:15
September 21, 28, October 5, 12, 19, 26, November 2, 9

THURSDAYS: Leisure Rinks 5:15 - 6:00
September 23, 30, October 7, 14, 21, 28, November 4, 11

Registration Form – LTS Sept.-Nov. 2021

Make check or money order payable to:



P.O. Box 67, Cheektowaga NY 14225

Skater's Name _____ Male/Female _____ Birthdate _____

Address _____ City _____ Zip _____

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

Mondays:	_____ Learn-to-Skate / _____ Beginner Hockey	5:30 – 6:15	8 weeks	Holiday Rinks	\$108.00
Tuesdays:	_____ Learn-to-Skate / _____ Beginner Hockey	5:30 – 6:15	8 weeks	Leisure Rinks	\$108.00
Thursdays:	_____ Learn-to-Skate / _____ Beginner Hockey	5:15 – 6:00	8 weeks	Leisure Rinks	\$108.00

_____ Parent Participation (Optional – Parents may skate the last 15 minutes of the session) Cost: \$25 (Valid 7/1-6/30)

Do you need rental skates? YES / NO

Shoe Size: _____

Interested in private lessons? YES / NO

Total amount paid: _____

Check # _____

Receipt # _____

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.