

# LEARN-TO-SKATE



**#1 in Western New York, 5<sup>th</sup> IN THE U.S.!!**

**Learn - To - Skate** Boys & Girls

Ages 3 thru Adult: Beginner thru Advanced  
**Award Winning U.S.F.S. Basic Skills Program**  
 (45 Min. Session: includes 30 min. lesson & 15 min. of practice time.)

**Beginner Hockey** Boys & Girls

Strong skating skills required.  
 Basics taught without the use of sticks and pucks.

- Register by mail, online or at the Hamburg Recreation Office - [www.hamburg-youth-rec-seniors.com](http://www.hamburg-youth-rec-seniors.com)
- Includes Badges, Instruction and Practice Time.
- Free Skates & Helmets Available - Bike Helmets Okay!  
 (May not have all skate sizes available)
- We offer Public Skating, Private / Semi-Private Lessons and Bridge Programs for both Hockey Players and Figure Skaters!

For Information call:  
 Town of Hamburg Recreation Department:  
 (716) 646-5145  
**OR**  
 Skate Great Director: Jessica Roswell  
 (716) 580-3458 / [sk8gr8info@gmail.com](mailto:sk8gr8info@gmail.com)  
[WWW.SK8GR8.COM](http://WWW.SK8GR8.COM)

**Wednesdays: Hamburg Town Arena**  
**5:00 – 5:45 or 6:00 - 6:45**  
**SESSION 1: (\$90 Non-Resident, \$78 Resident)**  
 September 21, 28, October 5, 12, 19, 26  
**SESSION 2: (\$105 Non-Resident, \$91 Resident)**  
 November 2, 9, 16, 23, 30, December 7, 14  
**SESSION 3: (\$105 Non-Resident, \$91 Resident)**  
 December 21, January 4, 11, 18, 25, February 1, 8  
**SESSION 4: (\$105 Non-Resident, \$91 Resident)**  
 February 15, 22, March 1, 8, 15, 22, 29

**[www.hamburg-youth-rec-seniors.com](http://www.hamburg-youth-rec-seniors.com)**

Registration Form – 2022-2023

Make check or money order payable to:  
 Town of Hamburg Recreation Department  
 4540 Southwestern Blvd., Hamburg, NY 14075



Children 14 & under are encouraged to wear an Ice Safe Helmet!

_____		_____
Parent's First & Last Name		Skater's Name
_____		_____
Address	City	Zip
_____		_____
Phone	Male/Female	Birthdate
_____		_____
E-mail		Badge Level
_____		_____

Please register me for the following session(s):

<u>Day</u>	<u>Program (please choose one)</u>	<u>Indicate Session(s)</u>	<u>Time (Circle class time)</u>
Wednesdays: _____	Learn-to-Skate / _____ Beginner Hockey	Session # _____	5:00 – 5:45 / 6:00-6:45

Parent Participation (Optional – Parents may skate the last 15 minutes during practice): \_\_\_\_\_ Cost: \$25 Entire Season

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: \_\_\_\_\_

**Learn to Skate**  
**WAIVER, RELEASE and POLICY FORM**  
Skate Great, Inc.

Skater's Name (please print) \_\_\_\_\_

Parent or Guardian name (if skater is under 18) \_\_\_\_\_

**Waiver and Release**

I, the undersigned, here by acknowledge that I have voluntarily applied to participate, or have elected to have my child, or a minor for whom I am responsible (hereinafter "my child"), to participate in the Learn-to-Skate program directed and taught by Skate Great's staff. By enrolling myself or my child, I represent that I, or my child, is physically fit and able to participate in such activities.

I am aware that participation in the Learn-to-Skate program by my child or myself will involve my/my child's participation in physical activities, and I hereby acknowledge that such activities can be dangerous. I hereby accept any and all risks of injury or death associated with such participation.

\_\_\_\_\_ Initials

In consideration of my participation in Skate Great's Learn-to-Skate program, I hereby agree that I, on behalf of myself or my child, heirs, distributees, guardians, legal representatives and assigns will make no claim against, sue, attach the property of, or prosecute Skate Great or any of its officers, directors, agents, employees, contractor or affiliates of injury or damage resulting from negligence or any other acts, howsoever caused, by any employee, agent, or contractor of Skate Great, as a result of my participation, or the participation of my child, in the Skate Great Learn-to-Skate program.

I have carefully read this agreement and fully understand and acknowledge its contents. I am aware that this is release of liability and a contract between myself and Skate Great and its affiliates.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**I also agree to adhere to the policies of the Skate Great Learn-to-Skate Program**

1. 100% Refund before the first class - USFS fee non-refundable.
2. No refund after the 1<sup>st</sup> week without verification of medical reasons.
3. \$50 fee on all returned checks.
4. There are no make-up classes.
5. Skate Great reserves the right to cancel or rearrange classes according to enrollment.
6. Parents may not view class from the player benches. Bleachers are available for viewing purposes.
7. I understand Skate Great may take pictures of the classes and use them in advertising or on their website.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_