



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 MUST BE COMPLETED TO GRADUATE INTO THIS PROGRAM


	<u>Dates</u>	<u>Time</u>	<u>Rink</u>	<u>Cost</u>
Session 1: Sunday:	October 2, 9, 16, 23, 30	9:00 – 9:45am*	Leisure Rinks	\$75/5 weeks
Session 2: Sunday:	November 13, 20, 27, December 4, 11, 18	9:00 – 9:45am	Leisure Rinks	\$90/6 weeks
Session 3: Sunday:	January 8, 22, 29, February 12, 19, 26 <i>*No Class Jan 15 and Feb 5</i>	9:00 - 9:45am	Leisure Rinks	\$90/6 weeks

*Practice 9:00-9:15, Class 9:15-9:45

(A yearly fee of \$20.00 payable to Skate Great is also required. This includes a skating manual & membership to the USFS)

www.sk8gr8.com

RISING STARS Sunday 2022-2023

Registration Form - RISING STARS Make check or money order payable to:  Skate Great P.O. Box 67, Cheektowaga NY 14225	
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 \$20.00 (Valid July 1st – June 30th)

Session 1 (Oct 2-Oct 30): _____ Session 2 (Nov 13-Dec 18): _____ Session 3 (Jan 8-Feb 26)* _____
 \$75/5 weeks \$90/6 weeks \$90/6 weeks *No Class Jan 15 and Feb 5

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: _____