



LEARN-TO-SKATE

at  CANALSIDE

Learn to Skate - Ages 4 - ADULT: Beginner - Advanced

- 45 Minute Session Includes: 30 min. lesson & 15 min. practice
- **Includes public skating after class!**
- Children 6 & under are encouraged to wear an Ice Safe Helmet. Bike helmets okay!
- Directions for rink & parking at www.buffalowaterfront.com!
- For Information contact:
Skate Great Office (716) 580-3458
WWW.SK8GR8.COM

SESSION 1:

SATURDAYS: Canalside 10:15-11:00am
November 25, December 2, 9, 16, 23, January 6
**No Class December 30th*

SESSION 2:

SATURDAYS: Canalside 10:15-11:00am
January 13, 20, 27, February 10, 17, 24
**No Class February 3rd*

RENTAL SKATES: FREE for Skate Great Learn to Skate Participants!!

LTS Canalside 2023-2024



Register online-
WWW.SK8GR8.COM/REGISTRATION

_____	_____	_____
<i>Skater's Name</i>	<i>Male/Female</i>	<i>Birthdate</i>
_____	_____	_____
<i>Address</i>	<i>City</i>	<i>Zip</i>
_____	_____	_____
<i>Email (discounts & confirmation)</i>	<i>Phone</i>	<i>Badge</i>

<u>Session:</u>	<u>Program:</u>	<u>Cost:</u>
Session 1: Saturdays	_____ Learn-to-Skate / _____ Beginner Hockey	\$84 / 6 weeks (3 rd family member half off)
Session 2: Saturdays	_____ Learn-to-Skate / _____ Beginner Hockey	\$84 / 6 weeks (3 rd family member half off)

Total Amount Paid: _____ Check # _____

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

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"), participate in the Skate Great Program directed and taught by Skate Great, Inc.'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 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 all risks of injury or death associated with such participation.
_____ Initials

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during 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.