Skate Great™

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

Mondays 4:45-5:30 at Holiday Rinks **BRONZE LEVEL ONLY**	**Tuesdays 4:45-5:30 at Leisure Rinks** **ALL LEVELS**
Session 1: September 22, 29, October 6, 13, 20, 27, November 3, 10	**Session 1:** September 23 30, October 7, 14, 21, 28, November 4, 11
Session 2: November 24, December 1, 8, 15, 22, January 5, 12, 19 **No Class December 29*	**Session 2:** November 25, December 2, 9, 16, 23, January 6, 13, 20 **No Class December 30*
Session 3: February 2, 9, 23, March 2, 9, 16, 23, 30 **No Class February 16*	**Session 3:** February 3, 10, 24, March 3, 10, 17, 24, 31 **No Class February 17*

(A yearly fee of $25.00 payable to Skate Great is also required. This includes a skating manual & membership to the USFS)

Registration Form - RISING STARS Skate Great™

LEISURE RINKS	**HOLIDAY TWIN RINKS**
75 Weiss Road Orchard Park, NY 14224	3465 Broadway Cheektowaga, NY 14227

www.sk8gr8.com/registration

_____
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 $25.00 (Valid July 1st – June 30th)

__MONDAY	4:45 – 5:30pm	Holiday Rinks	8 weeks / $120	Bronze Level	Please circle session(s): 1 2 3
__TUESDAY	4:45 – 5:30pm	Leisure Rinks	8 weeks / $120	All Levels	Please circle session(s): 1 2 3

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.