



# 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](http://www.buffalowaterfront.com)!
- For Information contact:  
Skate Great Office (716) 580-3458  
WWW.SK8GR8.COM

LTS Canalside 2025-2026



Register online-  
[WWW.SK8GR8.COM/REGISTRATION](http://WWW.SK8GR8.COM/REGISTRATION)

Skater's Name	Male/Female	Birthdate
Address	City	Zip
Email (discounts & confirmation)		Phone

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

*Skate Great assumes no responsibility for any accident or injury to any participant. No Refunds / Exchanges. \$50.00 fee for all returned checks.*

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