



# 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

## SESSION 1:

**SATURDAYS: Canalside 11:15am-12:00pm**

November 22, 29, December 6, 13, 20, 27

## SESSION 2:

**SATURDAYS: Canalside 11:15am-12:00pm**

January 3, 10, 17, 24, 31, February 14

*\*No Class February 7<sup>th</sup>*

**RENTAL SKATES: FREE** for

Skate Great Learn to Skate Participants!!

LTS Canalside 2025-2026



Register online-

WWW.SK8GR8.COM/REGISTRATION

Skater's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email (discounts & confirmation) \_\_\_\_\_ Phone \_\_\_\_\_

<u>Session:</u>	<u>Program:</u>	<u>Cost:</u>
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 \_\_\_\_\_

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

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