



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

Session 1:
September 22, 29, October 6, 13, 20, 27, November 3, 10

Session 2:
November 24, December 1, 8, 15, 22, January 5, 12, 19
*No Class December 29

Session 3:
February 2, 9, 23, March 2, 9, 16, 23, 30
*No Class February 16

Tuesdays 4:45-5:30 at Leisure Rinks
ALL LEVELS

Session 1:
September 23 30, October 7, 14, 21, 28, November 4, 11

Session 2:
November 25, December 2, 9, 16, 23, January 6, 13, 20
*No Class December 30

Session 3:
**January 27, February 3, 10, 17, 24, March 10, 17, 24
*No Class March 3rd & 31st

(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



LEISURE RINKS
75 Weiss Road
Orchard Park, NY 14224

HOLIDAY TWIN RINKS
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 of 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.