2026-2027 CANALSIDE

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 11:15am-12:00pm
November 21, 28, December 5, 12, 19

SESSION 2:
SATURDAYS: Canalside 11:15am-12:00pm
January 2, 9, 16, 23, 30, February 13
No Class February 6th

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*

Session:		Program:	Cost:
Session 1:	Saturdays	_____Learn-to-Skate / _____Beginner Hockey	$75 / 5 weeks (*3rd family member half off*)
Session 2:	Saturdays	_____Learn-to-Skate / _____Beginner Hockey	$90 / 6 weeks (*3rd 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.