

LEARN-TO-SKATE: WINTER 2012

Registration Form

Our Learn-To-Skate Program will help you build confidence and teach you the FUN-damentals of skating.
Learn-To-Skate is open to all ages and all ability levels, including Tiny Tots, and Adults!

Classes are 30 Minutes in length and are offered in 6-week sessions.

Each student also receives FREE skate rental for the duration of the session, six FREE practice coupons (basic levels only), a Buddy Pass to be used on the 3rd week of classes, a USFSA Skills Record Book, a patch for each level passed and a Certificate!

Cost: \$40 per student

For more information please call 778-6360, 778-6300,
or email mrollins@co.weber.ut.us

You may choose from the following classes:

**Please note that class times have changed.

<u>Tuesdays:</u>	<u>Thursdays:</u>
Feb. 21st - Mar. 27th	Feb. 23rd - Mar. 29th
<u>5:15-5:45</u> Snowplow 1 Snowplow 2 Snowplow 3 Basic 1 Basic 2	<u>5:15-5:45</u> Snowplow 1 Snowplow 2 Snowplow 3 Basic 1 Basic 2
<u>5:45-6:15</u> Basic 3 Basic 4 Basic 5 Basic 6 Basic 7 Basic 8 Freeskate 1 Freeskate 2 Freeskate 3 Freeskate 4 Freeskate 5 Freeskate 6 Adults	<u>5:45-6:15</u> Basic 3 Basic 4 Basic 5 Basic 6 Basic 7 Basic 8 Freeskate 1 Freeskate 2 Freeskate 3 Freeskate 4 Freeskate 5 Freeskate 6 Adults

Beginners:

Ages 3-5 should register for Snowplow 1.
Ages 6 and up should register for Basic 1.
Adults should register for the Adult Class.

THINGS TO REMEMBER ON YOUR FIRST DAY OF CLASS:

GLOVES!

Long Pants
Jacket or Sweatshirt
Long Socks
A helmet (if desired)

- ❖ Please arrive at least 20 minutes early on the first day to ensure that the registration process runs smoothly and you allow yourself enough time to find the proper size and fitting for your skates.

Nest session will begin April 10th & 12th.

PLEASE CUT OFF THE BOTTOM PORTION OF THIS FORM AND RETURN IT TO THE ICE SHEET FRONT DESK WITH FULL PAYMENT BEFORE THE 1ST DAY OF CLASSES. *PLEASE RECORD THE DAY AND TIME OF YOUR PREFERRED CLASS AND KEEP THE TOP PORTION OF THIS FORM FOR YOUR RECORDS.

Name: _____ Age: _____ School: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Parent/Emergency Contact: _____

CLASS PREFERENCE: (Please specify your preference based on the offered classes above.)

DAY: Tuesday / Thursday

LEVEL: _____

Learn-To-Skate Participation Agreement.

I, _____ (print name), hereby agree to the following conditions:

- ❖ Refunds will NOT be given after the first day of class. (Please consult the Office Manager.)
- ❖ Classes may be combined at the discretion of The Ice Sheet.
- ❖ I will not hold The Ice Sheet, or any its affiliates, staff, volunteers, and/or coaches liable for mine or my child's injury while participating in the Learn-To-Skate program.
- ❖ I understand that I will not be enrolled in classes until my payment is received IN FULL.
- ❖ I understand that my registration may be deferred to the next session if the requested class is at capacity.
- ❖ I understand that due to the nature of the Learn-To-Skate program, I CANNOT request a specific coach.

Signature _____ Date _____

For office use only:

Session _____ Receipt # _____ Check # _____ /Credit or Debit Card/CASH Date: _____