



LEARN-TO-SKATE BASICS

St. George's School – Cabot-Harman Ice Center 372 Purgatory Road Middletown, Rhode Island

Ages 4 and up

Session I

October 19 – December 14, 2013 8 weeks

Classes: 10/19* 10/26 11/2 11/9 11/16 11/23 X 11/30 12/7 12/14

*General skate for those registered – a coaches' evaluation time

Lessons begin 10/26 X=no class Tournament

Session II

January 4 – March 1, 2014 8 weeks

Classes: 1/4 1/11 X 1/18 1/25 2/1 2/8 2/15 2/22 3/1

X =no class Tournament

9:00 - 9:50am Classes: 25 min. class /25min. practice

***Classes grouped according to age and ability

Basic skating skills are taught for the skater -figure and hockey ***

PRICE: Session I \$120.00 Session II \$120.00

Equipment: The *Beginner* does well in the Don Jackson or Riedell skate for kiddies-tots; and 800ss for the beginner who wishes to do hockey after our Basic classes.

Figure Skates – Don Jackson's or Riedells for skaters Basic 2 and up –sizes usually should be a size smaller than your street shoe size.

Contact Mrs. C for more information regarding where to purchase these.

Elite Skate Sandy Lane, Warwick Bob Dandurand 401-732-5252

*Helmets required for children under 7. Mittens or gloves required for all skaters. This is a safety measure. Please, no double runner skates. Thank you.

Limited enrollment – skaters taken first come, first served.

Any questions, please contact me. Dorothy Cunningham 508-577-3092



LEARN-TO-SKATE BASICS



St. George's School – Cabot-Harman Ice Center 372 Purgatory Road Middletown, Rhode Island

Application

New _____ Skater's Level (Circle last completed level)
Snowplow : 1 2 3 Basic: 1 2 3 4 5 6 7 8 Freestyle: 1 2 3 4 5 6
(Print clearly)

Skater's Name: _____ Age _____ DOB _____

Address: _____

City: _____ State _____ Zip: _____

Parent/Guardian: _____

Phone: _____ Email: _____ @ _____

Emergency Contact Info:

Name _____ Phone _____

*****Parent/Adult Fee: \$25.00 per parent per session...**

Parent will be allowed to skate with their child during the 25 min. practice.

Please check your choice:

Session I October 19 – December 14, 2013 8 weeks \$120.00 _____

Session II January 4 – March 1, 2014 8 weeks \$120.00 _____

Amount \$ _____ Check# _____ Cash _____

Payments: Check payable to: LTS Basics DMC

MAIL FORM AND PAYMENT TO:

LTS BASICS DMC
408 BRENDA LANE
FRANKLIN, MA 02038

The undersigned hereby acknowledges that the aforementioned Applicant is physically capable to participate in this skating program and represents that the Applicant has no physical or mental disabilities or conditions that would hinder participation in the program/session or endanger the health and/or safety of the Applicant or others involved in the skating program/session.

The undersigned hereby further acknowledge that risk of injury – physical or otherwise – exists and that the risk of such injury is borne solely by the Applicant and the undersigned. The undersigned hereby certifies that the Applicant is covered by medical and dental insurance.

The undersigned shall be solely responsible for any and all medical/dental bills associated with said Applicant and any injury sustained by said Applicant and agrees to indemnify and hold Learn To Skate Basics, Inc. and Dorothy M. Cunningham harmless against any loss, liability or expense which he/she may thereafter incur due to said injury to Applicant.

SIGNATURE

(Parent or Guardian): _____

NO REFUNDS

\$25.00 SERVICE CHARGE ON RETURNED CHECKS

Any questions, please contact: DOROTHY CUNNINGHAM, DIRECTOR

Call: 508-577-3092 Email: blades@franklinblades.com