

Learn to Skate

BASIC SKILLS GROUP CLASSES

Summer Session: July 8th - August 28th

TUESDAYS

5:30pm Snowplow 1-3, Basic 1-8, Freestyle

SATURDAYS

11:30am Snowplow 1-3, Basic 1-8, Adults

12:00pm Snowplow 1-3, Basic 1-3, Hockey

8 Week Program
2 classes/week \$250
1 class/week \$150

Going on Vacation? That's ok!
We'll pro-rate the fee.

Price includes:

- ❖ One 30 min. group class each week
- ❖ Skate rental on lesson day & during Public Skating
- ❖ Public Skating on Saturdays 11:30am – 1:00pm

Please note:

- ❖ **New skaters ages 4-6 register for Snowplow 1**
New skaters ages 7 & up register for Basic 1
- ❖ There are no refunds.
- ❖ Make-ups will not be offered for missed classes.
- ❖ Skaters in a class with < 3 or >12 skaters may be notified and moved to another time slot.
- ❖ Once registration and payment are received the skater is put on the class roster. You will not receive a confirmation notice.

Equipment:

- ❖ **Helmets are required for all skaters ages 6 & under and for Hockey classes.**
- ❖ No bare legs!! Shorts and/or skirts (without tights) are not permitted.
- ❖ Mittens or Gloves
- ❖ Only 1 pair of thin socks should be worn under skates.
- ❖ All skaters will be issued a name tag on the first day of class. Name tags must be worn every week to class AND to public skating.

*******Registration will not be accepted on class days.*******

Please register in advance of the date you wish to begin.

Please sign waiver on REVERSE SIDE and hand deliver or mail with payment to above address.

Learn to Skate Summer Session Registration Form

Name _____ Circle: M or F Age ___ D.O.B _____ Phone _____

Address _____ City _____ Zip _____

DAY(S) Requested: Tuesday _____ Saturday _____ **TIME(S) Requested:** _____

Indicate the **CLASS & LEVEL** you wish to register for: Snowplow Sam (4-6 yr. Olds) 1 – 3 _____

Basic (7 yrs. & older) 1 – 8 _____ Hockey Skating 1 – 4 _____ Adults _____ Freestyle _____

Must have passed Snowplow 3 / Basic 2

PAYMENT: Make checks payable to the Ice Hutch or you may use a credit card
A \$25 fee will be charged on all returned checks or invalid credit cards.

Circle one: MasterCard Visa Discover Cash Check

Card # _____ Exp. Date _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Rcvd _____ By _____

Paid _____ # _____

Roster _____ NT _____

**The Ice Hutch
655 Garden Avenue
Mt. Vernon, NY 10550**

I hereby agree to waive liability and release any and all claims against The Ice Hutch (the "Facility"), its affiliated clubs and their officers, directors, agents, coaches and other employees for injuries and damages suffered by myself or my child, 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury which may result from my own actions and/or those of my child or the action of others or the condition of the premises or any equipment used or rented from the facility. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my child's participation in these activities. I have read the rules of The Ice Hutch and will abide by them. I have explained the rules to my children. I acknowledge that the Facility requires the use of a helmet by any child under six years old. I agree that the staff of the Facility may require the withdrawal from any session of any skater who violates the rules or fails to wear a helmet when required.

I hereby consent to pictures being taken of myself and/or my child by employees or authorized agents of The Ice Hutch and understand that such pictures will become property of The Ice Hutch. The Ice Hutch may use them for promotional purposes without the payment of any fees or compensation to me and/or my child.

I understand that there are no refunds for any reason and that the full fee is due prior to the first class.

The undersigned has read the above waiver and release, understands the information contained therein and by signing below voluntarily agrees to the terms and conditions of the participation and/or the participation of the child in the program.

Signature _____ Date _____

Print Name _____