



Is Offering:

"The Finer Edge" Group Figure Skating Lessons

Wednesdays 5:15-6:15 PM

July 22 to September 2 @ the Albany County Hockey Facility

Improve your skating skills!



- Beginner freestyle lessons for school age and adult skaters:
 - USFS Basic Skills level 3 or greater
 - USFS Adult level 3 or greater
 - ISI Beta or greater
- 7 or 5 week programs available
- Includes 1/2 hour group lesson & 1/2 hour practice
- Private lessons available during practice time
- **Registration Deadline July 15**



Skater Name(S): _____ Sex: M F Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian Name's: _____

7 Week Program	Attending all sessions	\$120.00
5 Week Program	Attend 5 sessions: Dates NOT attending:	\$100.00
No make-ups	TOTAL DUE:	

Mail with payment to:
 Janet Sotola 32 Indian Ladder Dr.
 Altamont, NY 12009
 For full details call Janet @ 861-6705
 or visit our website:
www.albanyfsc.org

WAIVER OF LIABILITY

In consideration of _____ participating in the **Albany Figure Skating Club** Basic Skills Program I hereby covenant and agree with the Albany Figure Skating Club, the Albany Academy, the owners, officers, agents, employees, volunteers and all persons engaged as instructors or administrators in any programs in which I/he/she may be a participant, to indemnify and hold harmless each and every one of them from and against all claims, liability, loss cost, damages, and expenses which may arise out of or in connection with the use by me/him/her of such facilities. Including without limitations, all claims I/he/she might have for personal injury or property damage to him/her or so arising.

I understand that skating is a participation sport and I am fully aware of the risk of serious bodily injury and hazards in or arising from my use or presence upon the facilities. I fully accept all such risks and assume responsibility for losses, costs and damages I and/or my minor child incur as a result of participation in the activity.

I understand that I must carry and maintain my own personal medical insurance throughout the time of participation. I also give consent to receive first aid and emergency transport to the nearest medical facility.

I acknowledge I have read this release & waiver of liability, assumption of risk and indemnity and fully understand it.

 Signature of Participant/ Parent or Guardian (if under 18) Date: _____