



GROUP SKATING LESSONS FOR PRE-SCHOOL AGE SKATERS

PREVIOUS SKATE LESSONS REQUIRED!

Wednesdays, July 7 to September 1, 4:45-5:15

@ the Albany County Hockey Facility

830 Albany Shaker Rd., Loudonville, NY



- Pre-School Aged Skaters (3-5):
 - Snowplow Sam level 1-3
- 4:45-5:15, 30 minute lesson only
- Choose 7 or 9 week program
- No make-ups available
- No refunds without a medical excuse
- US Figure Skating Basic Skills registration required (see form attached below)



Skater Name: _____

Sex: Male _____ Female _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name's: _____

E-Mail Address: _____

Phone # _____ Cell # _____

Skating Skills/Level: _____

Check the appropriate box below:

7 Week Program—weeks I will NOT attend: (1) _____ (2) _____ Fee: \$96.00

9 Week Program Fee: \$108.00

****ADD \$20.00 LATE REGISTRATION FEE AFTER JULY 1!**

Please mail program registration form, with completed "USFS BS registration Form" (attached below) & check payable to Albany FSC (payments may be combined), to:

Nikki Coleman
17 Olympian Dr.
Slingerlands, NY 12159



US Figure Skating Basic Skills Registration

Register for US Figure Skating Basic Skills through Albany Figure Skating Club (AFSC):

- USFS Annual fee \$10, payable with initial Basic Skills program registration
- Effective July 1, 2010 through June 30, 2011

Covers US Figure Skating Basic Skills membership & benefits:

1. Official U.S. Figure Skating Basic Skills Membership & Card
2. Record Book with stickers & general information about ice skating
3. General Sports Accident Insurance coverage
4. Official Basic Skills logo & year patches
5. Skate in any USFS Basic Skills Program
6. Skate as an AFSC Basic Skills Member in USFS sanctioned events including:
 - Ice shows
 - Competitions

For more information on USFS Basic Skills program visit: <http://www.usfigureskating.org/Programs.asp?id=47>

Skater Name: _____ Sex: M F Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name's: _____
E-Mail Address: _____ Phone # _____ Cell # _____

ANNUAL FEE \$10 PAYABLE TO ALBANY FSC (MUST INCLUDE WITH FIRST BS PROGRAM REGISTRATION FORM)

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: _____