



The SC of Boston Skating Academy

Tots & Basic Skills Program: Ages 3+



Classes held at: 10 E. Belcher Road, Foxboro, MA | www.scboston.org | 617-78-SKATE

Register in 4 Easy Steps: 1. Circle the desired session 2. Fill in front info 3. Sign backside waivers 4. Submit application & payment!

WEDNESDAY (1:10pm – 2:00 pm) - 25 Minute Class + 25 Minute Practice Time					
Directed by Karen Bressler					
Circle to Choose:	Start Date	End Date	# of Weeks	Cost	Dates with No Classes
Session 1	Sep 14, 2011	Oct 26, 2011	7	\$105	
Session 2	Nov 2, 2011	Dec 21, 2012	7	\$105	Nov 23
Session 3	Jan 4, 2012	Feb 15, 2012	7	\$105	Feb 22
Session 4	Feb 29, 2012	Apr 11, 2012	7	\$105	
Session 5	Apr 25, 2012	Jun 6, 2012	7	\$105	

Notes:

- Applications will be accepted on a space-available basis.
- The yearly registration fee of \$20 includes your U.S. Figure Skating membership fee.
- Refunds will be honored for documented medical reasons only.
- Prorating is only applicable when signing up for a session after it has begun. Payment is then required for the entire number of the remaining weeks. There is no pro-rating for individual classes that may be missed. Prorating is available on a space available basis only.
- No discounts for multiple family members
- Please plan to arrive 20 minutes prior to class on the first day.

Yearly Registration Fee:	\$20
Class Session Fee:	
Total Due:	

Name: _____ Circle: *Male* *Female*
 (First) (Last)

Date of Birth: _____ U.S. Figure Skating #: _____ Rental Skates Needed? Circle: *Yes* *No*
 (Minimum Age = 3 years) *Please Note: U.S. Figure Skating strongly recommends the use of helmets for beginner skaters of all ages. Limited rental skates are available at \$5 per class.

Last Level Completed: **Snowplow Sam:** 1 2 3 **Basic:** 1 2 3 4 5 6 7 8 **Free Skate:** 1 2 3 4 5 6 **Hockey:** 1 2 3 4

Parent or Guardian's Name: _____
 (First) (Last)

Address: _____
 (Street) (City) (State) (Zip)

Phone: _____ Email Address: _____
 (Home) (Emergency Phone)

Please mail application to: Attn: The Skating Academy – The Skating Club of Boston, 1240 Soldiers Field Road, Boston, MA 02135

Circle Payment Method: Cash Credit/Debit Card Check **Make Checks Payable to:** The Skating Club of Boston

Circle Type: Visa MasterCard Discover **Credit Card #:** _____ **Expiration:** ____ / ____

Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any skating or related activities at The Skating Club of Boston or elsewhere sponsored by The Skating Club of Boston, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless The Skating Club of Boston, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature

Date Signed

For Participants of Minority Age: (Under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

Parent/Guardian's Signature

Date Signed

Consent to Photograph, Film, or Videotape a Skater for Non-Profit Use

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotape(s) of _____ (skater name) by employees or representatives of The Skating Club of Boston. I also grant the right to edit, use, and reuse said products for the express purpose of promoting The Skating Club of Boston and its Skating Academy, including use in print, on the internet, and all other forms of media, without any compensation for such use. I also hereby release The Skating Club of Boston and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian's Signature

Date Signed

Skater's Signature (If 18 or older.)

Date Signed