



LEARN TO SKATE REGISTRATION: SUMMER (AUGUST) 2017

P.O. Box 517, West Acton, MA 01720 | P: (978) 263-3450 | F: (978) 263-1816 | www.skatecolonial.org | E: colonial@colonialfsc.com

DATE RECEIVED: _____ USFS # : _____

CLASS AVAILABILITY : August 2017

DAY/ TIME	CLASS DESCRIPTION	CLASSES	COST	CLASS DATES
WED 5 :45 – 6 :30 p.m.	All Levels, Ages 3+, Adults	5 weeks	\$100.00	8/2, 8/9, 8/16, 8/23, 8/30 BRING A FRIEND 8/23

PRIVATE LESSON SELECTION (Optional. Please select if you would like one set up to supplement class)

I would like a PRIVATE LESSON during the first 15 minutes of class to supplement my group instruction. **Private lessons are an additional \$15.00 per week payable directly to the coach at the time of the lesson.

Preferred Coach (if applicable) _____

SKATER INFORMATION: (please print clearly)

PARTICIPANT: _____ PARTICIPANT'S DOB: _____ PHONE: () _____

PARENT/GUARDIAN: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS (City/State/Zip): _____

Skater has previously been enrolled in CFSC classes? YES NO IF YES, INDICATE LEVEL PASSED: _____

Skater works with a private coach YES NO IF YES, INDICATE COACH: _____

ENROLL IN: (BADGE LEVEL, please circle one):

SNOW PLOW SAM BADGE (BEGINNER)	1	2	3	4	Can the skater skate <i>backwards</i> ? YES / NO		
BASIC SKILLS BADGE	1	2	3	4	5	6	
FREE SKATE BADGE PRE-FREE	1	2	3	4	5	6	ADULT/ TEEN

PAYMENT/ REFUND/ SWITCHING POLICY

ENCLOSED IS:

\$ 100.00 CLASS FEE

\$ 30.00 ANNUAL MEMBERSHIP FEE valid July 1, 2017 – June 30, 2018 (Applies to ALL applicants, once per season)

\$ - Family discount if applicable (2nd family member: \$10.00 discount, 3rd family member: \$15.00 discount)

\$ _____ TOTAL

(Please make checks payable to *Colonial Figure Skating Club, Inc.*)

VISA/ MC/ Disc. Accepted. # _____ Exp. Date: _____

****We do not accept American Express and apologize for any inconvenience. **Enrollment is accepted on a first come, first serve basis. All Learn to Skate enrollments must be paid in full at time of enrollment. All payments are non-refundable unless the program is cancelled. Makeup classes are not permitted. *The 2017-2018 Registration Fee is valid July 1, 2017 thru June 30, 2018, and is non-refundable. This contract is binding for the entirety of the session and no provisions exist to refund for skaters who retire, relocate or seek a medical waiver. CFSC reserves the right to cancel class when necessary. I understand the terms of this contract, including my financial obligation to Colonial Figure skating Club, Inc. If paying by credit card, I authorize Colonial Figure Skating Club to charge my credit card.**

SIGNATURE: _____ DATE: _____

WAIVER/ MEDIA RELEASE

I am aware that figure skating is a dangerous sport and that my (or my child's) participation in skating or training activities is at my (or my child's) sole risk. I hereby agree to release, indemnify, and hold harmless Colonial Figure Skating Club, Inc. (CFSC), Nashoba Valley Olympia, Inc., and Olympus Realty Trust, all their directors, officers, agents, insurers, attorneys, and employees, from any and all claims, demands, losses, damages or injury, whatsoever of any kind of nature that may be sustained as a result of my (or my child's) participation or activities with CFSC. _____ (Initial) I give permission for all photos, videos, and other forms of media identifying/portraying the above skater to be used by CFSC for marketing purposes. _____ (Initial)

FOR OFFICE USE ONLY: AMT. PAID \$ _____ CASH _____ CHECK # _____ CC _____ BALANCE DUE _____