

LEARN TO SKATE CLASSES

6 WEEK SESSIONS - CONTINUOUS ALL YEAR

CRYSTAL SKATING ACADEMY

5371 Daly Farms Drive, Burton, MI 48509

CrystalSkatingAcademy@gmail.com / www.crystalffh.com

\$99.00 – 6 Weeks

Add \$16 annual one time program fee

(Session Jan/Feb 2019 - PICK ONE DAY - PLEASE CIRCLE)

Monday (6:30pm-7:20pm) 1/7, 1/14, 1/21, 1/28, 2/4, 2/11 \$99 (6 days)	Monday (6:30pm-7:00pm) Parent & TOT (1st time skaters) Ages 5&under \$50 (6 days)	10% off 2nd child (sibling discount)
---	--	---

____ LEARN TO SKATE (LTS) **Ages 3-Adult** > Learn Basic Skating Skills

____ LEARN TO FIGURE SKATE > For the Skater who has completed the LTS Program or knows Basic Skating Skills

____ HOCKEY SKATING SKILLS > For the Hockey Skater who wants to improve their skating skills. Must have completed the LTS Program or know Basic Skating Skills

____ ADULT LEARN TO SKATE > For the Beginner to Advance Adult Skater

____ MONDAY ONLY PARENT & TOT 6:30-7pm > LEARN TO SKATE > Parents can go on ice with their child, 1st time skaters ages 5&under

****Learn to Skate Programs are outlined by US Figure Skating and instructed by Professional Skating Instructors. Skaters are encouraged to wear warm and comfortable athletic clothing, hat, gloves and protective headgear recommended. No jeans, bulky clothing or hockey equipment. (Inquire about Private Learn to Skate Lessons)**

Please Fill in all Information:

First Name: _____ Last Name: _____ DOB: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mother's Name/Guardian: _____ Phone: _____ Email: _____

Father's Name/Guardian: _____ Phone: _____ Email: _____

Release and Indemnity – I the undersigned, do agree to release Crystal Skating Academy from all claims, actions, causes of actions due to loss, injury or death resulting from the participation of the undersigned in this program. Furthermore, I agree to indemnify and hold harmless such parties from all claim, actions, damages or demands including all costs and expenses incurred in defending any such claims or actions Any participant or family member who causes any type of conflict subject to actions within the Academy will result in expulsion from Crystal Skating Academy with no refund and participant will be responsible for any damages caused by such actions. As a parent or guardian, I agree I will not leave participant or other family members under the age of 18 unattended and accept full responsibility for their actions, cases of actions, injury or death at Crystal Fieldhouse. I agree to pay all Academy fees when due. I hereby authorize the taking and use of photographs, video, film or likeness of myself, minor child (or children), and / or other representations, for any lawful and legitimate Crystal Skating Academy purpose, including dissemination and distribution of the same: and further waive any right to approve or object to any finished, modified or derivative product or media. I have read the release and understand this is a full and final release of all claims for injuries, costs, and damages and have read over the agreement fully. No refunds

Signature Required:

Participant/Parent/Guardian: _____ Date: _____

Please make checks payable to: Crystal Skating Academy (Return checks will be processed a \$30 fee)

Office use:

Date: _____ Amount: _____ Ck# _____ Cash: _____ Credit Card _____ add \$2.50 Processing Fee