Bay Path Figure Skating Club
Learn-to-Skate 2009-2010

Skater's Name: _____DOB_____ Age when session begins:_____

Address: _____Town: _____Zip: _____

Telephone: (_____) _____ Parent Cell: (_____) _____

Parent E-Mail: _____

Parent/Guardian Name(s): _____

Emergency Contact Name: _____Phone: (_____) _____

How did you hear about Bay Path Skating School? _____

Did you skate at Bay Path last year? _____ If yes, what was the last badge received? _____

Email us at baypathfsc@gmail.com if you are interested in private or semi-private lessons held on Tuesday & Thursday evenings.

SESSION DATES AND COST INFORMATION

SESSION 3: FEBRUARY 13, 2010 - April 17, 2010 10 WEEKS $170.00

SAVE 10% for each ADDITIONAL family member. 1st family member pays full price.

PLEASE CHECK ONE

SESSIONS 3:_____

_____ LEARN TO SKATE 11:00 a.m. – 11:50 a.m.

_____ LEARN TO SKATE for HOCKEY 11:00 a.m. – 11:50 a.m.

_____ LEARN TO SKATE Parent/Tot 11:00 a.m. – 11:25 a.m.

"Adult classes" will be held on Tuesday or Thursday evenings at 5:50p if there is enough interest. Applications are available at www.baypathfsc.com.

Cost: $_____

Less Family Discount $_____

TOTAL ENCLOSED: $_____

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

Bay Path Figure Skating Club
Stacey M. Raffi, Figure Skating Director
P.O. Box 6414
Holliston, MA 01746

By signing below, I acknowledge there are NO REFUNDS, transfers or credits for enrollment. I understand a responsible adult must remain in the rink while the child is on the ice. I also understand there are no make-up classes for missed lessons. Cancellations due to inclement weather may be rescheduled for a different day and/or time.

SIGNATURE: _____DATE: _____
SIGNATURE OF PARENT/GUARDIAN IF SKATER IS UNDER 18 YRS.

Please sign Assumption and Acknowledgement of Risks & Release of Liability Agreement. Applications without signatures will be returned.