The Phillips Academy Skating Club (PASC) provides local skaters with ice times to practice their skills. Memberships for the 2016 – 2017 skating season are now available at the following rates:

- **Figure Skater** – $45.00
- Additional family members - $30.00
- **Recreational Skater** - $35.00
- Additional family members - $15.00

Members of the PASC may access ice times not available to the general public for an additional fee, which is $16 for Freestyle (walk-on) and $6 for Open Skate sessions. Guests may join you and pay a higher rate.

A **Figure Skater** membership enables a skater to access all club ice times including Freestyle and Open Skate sessions. It also enables the skater to utilize the jump harness, video analysis and sound systems with instructor supervision. A **Recreational Skater** membership enables a skater to access Open Skate sessions only.

Ice time schedules can be accessed on our website, www.andover.edu/ice, then by clicking on “Calendar.”

Membership applications, specific ice time schedules and session rules are now available at the Skating Office and main lobby of the rink.

**About Our Skating School**
The Phillips Academy Skating School was established in November 2001 in anticipation of the opening of the new ice skating facility on our campus. Since then, we have enrolled over 8,000 skating students from throughout the Merrimack Valley who enjoy our tiny tots, learn-to-skate, basic skills and adult figure skating programs.

**Directions**
Phillips Academy Ice Rinks is located at 254 So. Main St., Andover, MA, 01810. Please visit our website for directions – www.andover.edu/ice/directions.htm

**Policies**
- Classes are filled on a first-come, first-serve basis. We reserve the right to cancel or adjust programs based on low enrollment.
- Classes canceled due to inclement weather will be made up or credit will be issued.
- A fee of $50 will be charged for all checks returned for any reason.
- All fees (including the annual USFS Fee) are non-refundable upon completion of the first week of the season.
- Credit may be given for future seasons, only with an excused illness absence. A doctor’s note is required within one week of the first missed class.
- Make-Ups are allowed provided the skater receives approval from the Co-Director PRIOR to the missed class and permission is granted for a specific make-up date.

**Phillips Academy Ice Rinks**
This state-of-the-art facility features two ice rinks, a warm viewing area, electric ice resurfacer and dehumidification system to ensure a comfortable and healthy environment for you and your family to enjoy. Our Gurry Rink features a skating office, as well as jump harness, video analysis and sound systems.

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**Tots**

For beginners, ages 3 yrs and up with skaters grouped according to age and ability in a 10-week session.

**MONDAY MORNINGS**
TERM: SEPTEMBER 12 – NOVEMBER 14
10 Weeks
Time: 10:20 – 11:20 am

**TUESDAY AFTERNOONS**
TERM: SEPTEMBER 6 – NOVEMBER 8
10 Weeks
Time: 1:10 – 2:10 pm

**THURSDAYS**
TERM: SEPTEMBER 8 – NOVEMBER 10
10 Weeks
Time: Mornings 10:20 – 11:20 am or Afternoons 1:10 – 2:10 pm

**FRIDAY MORNINGS**
TERM: SEPTEMBER 9 – NOVEMBER 11
10 Weeks
Time: Mornings 10:20 – 11:20 am

Cost: $120 per person

**Basic Skills**

This program provides basic ice skating instruction, focused on building skills, creating confidence and having fun. Skaters are grouped according to age and ability with adults and kids in a 10-week session.

**FRIDAY EVENINGS**
TERM: SEPTEMBER 9 – NOVEMBER 11
10 Weeks
Time: 5:00 – 6:00 pm

**SATURDAY MORNINGS**
TERM: SEPTEMBER 10 – NOVEMBER 12
10 Weeks
Time: 10:10 – 11:10 am* or 11:20 am – 12:10 pm*

**SUNDAY EVENINGS**
TERM: SEPTEMBER 11 – NOVEMBER 13
10 Weeks
Time: 5:00 – 6:00 pm* or 6:10 – 7:20 pm* (adults welcome)

*Placement based on enrollment

Cost $142 per person

Mark your calendars for our Columbus Day Skating Clinic on October 10!

**Private Lessons**

If you are interested in private or semi-private skating lessons, please call our Co-Directors to discuss your options.

Call Andrea or Arlene at (978) 684-7203.

**Birthday Parties**

Would your child like to host their birthday party at the rink? Skating, hot chocolate, supervised activities and pizza included. Inquire at the Skating Office.

**Register Online!**

www.andover.edu/ice

**Fall 2016 Registration**

PLEASE FILL OUT ONE FORM PER PERSON

Please mail to:
Phillips Academy Rink Operations
180 Main Street, Andover, MA 01810

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>(PLEASE CIRCLE YOUR PREFERRED DAY &amp; TIME)</th>
<th>Fee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Tot Lessons</td>
<td>Mondays 10:20 am Tuesdays 1:10 pm Thursdays 10:20 am Thursdays 1:10 pm Fridays 10:20 am</td>
<td>$ 120</td>
<td>_________</td>
</tr>
<tr>
<td>☐ Basic Skills</td>
<td>Saturdays 10:10 am Saturdays 10:10 am Saturdays 11:20 am Sundays 5:00 pm Sundays 6:10 pm</td>
<td>$ 142</td>
<td>_________</td>
</tr>
</tbody>
</table>

**TOTAL & ENCLOSED**

_______

**Program Information**

- Parent’s/Guardian’s Name
- Current Badge Level
- Health Insurance Provider
- Policy Number
- Date of Birth

**Method of Payment**

- Cash
- Check # __________
- Credit Card
- Exp. Date ________
- Amount Charged: ________

I hereby authorize Phillips Academy to charge my credit card the amount listed above.

Cardholder Signature

**Offerings**

- Birthday Parties
- Private Lessons
- Winter Break hockey clinic
- Columbus Day Skating Clinic

**Health Insurance Provider**

- Policy Number

**Gender**

- Male
- Female

**Home Phone**

- Daytime Phone

**Street Address**

- City
- State
- Zip

**Registrant’s Name**

- Email

**How did you hear about our programs?**

**Release of Liability:** I am aware that the hazards of ice skating may include serious injury to bones, joints, ligaments, muscles, tendons and other parts of the muscular skeletal system; and serious injury or impairment to organs and other parts of my body, with impact on my health and general well being. I am/my child is physically able to participate in the activities of this program and is covered by health insurance, as identified on this registration form. In consideration of the Academy permitting me to register for this program, I hereby voluntarily assume all risks associated with participation in this program and agree to hold harmless the Academy, its agents, trustees, officers, and employees from any and all liability, claims, causes of action or demands of any kind and any nature whatsoever which may arise from or in conjunction with my participation in this program, except in the event of gross negligence. The terms of this Agreement shall serve as a release and assumption of risk for me and all members of my family listed on this application.

**Signature (Parent/Guardian, if under 18 years of age)**

- Date

**Method of Payment**

- Cash
- Check # __________
- Credit Card
- Exp. Date ________
- Amount Charged: ________

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Cardholder Signature