**TOTS**

For beginners, ages 3 yrs and up with skaters grouped according to age and ability in a 7 to 8 – week session.

**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 – adults & kids in a 8-week session.

**Day:** MONDAY MORNINGS  
**Term:** September 12 – October 24  
**Seven (7) weeks**  
**Time:** 10:20 – 11:20 am  
**Cost:** $126 per person

**Day:** TUESDAY AFTERNOONS  
**Term:** September 6 – October 25  
**Eight (8) weeks**  
**Time:** 1:10 – 2:10 pm  
**Cost:** $144 per person

**Day:** THURSDAYS  
**Term:** September 8 – October 27  
**Eight (8) weeks**  
**Time:** Mornings 10:20 – 11:20 am or Afternoons 1:10 – 2:10 pm  
**Cost:** $144 per person

**Day:** FRIDAYS  
**Term:** September 9 – October 28  
**Eight (8) weeks**  
**Time:** Mornings 10:20 – 11:20 am or Afternoons 1:10 – 2:10 pm  
**Cost:** $144 per person

**Day:** SATURDAY MORNINGS  
**Term:** September 10 – October 29  
**Eight (8) weeks**  
**Time:** 10:50 – 11:50 am  
**Cost:** $160 per person

**Day:** SUNDAY EVENINGS  
**Term:** September 11 – October 30  
**Eight (8) weeks**  
**Time:** 5:00 – 6:00 pm or 6:10 – 7:10 pm (adults welcome)  
**Cost:** $160 per person

**Cost:** $184 per person

**Creative Skating**

**Time:** 5:00 – 6:00 pm

**Day:** FRIDAY EVENINGS  
**Term:** September 9 – October 28  
**Eight (8) weeks**  
**Time:** 5:00 – 6:00 pm  
**Cost:** $184 per person

**Ice Creations *NEW***

**Time:** 12:00 – 1:00 pm  
**Cost:** $184 per person

**Cost:** $160 per person

**Day:** SATURDAY MORNINGS  
**Term:** September 10 – October 29  
**Eight (8) weeks**  
**Time:** 10:50 – 11:50 am  
**Cost:** $160 per person

**Day:** SUNDAY EVENINGS  
**Term:** September 11 – October 30  
**Eight (8) weeks**  
**Time:** 5:00 – 6:00 pm or 6:10 – 7:10 pm (adults welcome)  
**Cost:** $160 per person

**PRIVATE LESSONS**

If you are interested in private or semi-private skating lessons, please call one of our Co-Directors to discuss your options.  
Call Andrea or Arlene (978) 684-7203.

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**Fall 2022 REGISTRATION FORM**

**Registrant’s Name**

**Email**

**Street**

**City**

**State**

**Zip**

**Home Phone**

**Daytime Phone**

**Gender:** Male Female

**Date of Birth**

**Parent/Guardian’s Name**

**Current Badge Level**

**Method of Payment**

- **Cash**
- **Check #**
- **Amount Received:**

- **Credit Card**
- **Card #**
- **Expires:**

**Cardholder Signature**

How did you hear about our programs?  

**PROGRAM** (Please CIRCLE your preferred time)

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Tot Lessons Mondays 10:20 am</td>
</tr>
<tr>
<td>Tuesdays 1:10 pm Thursdays 10:20 am Thursdays 1:10 pm</td>
</tr>
<tr>
<td>Fridays 10:20 am Fridays 1:10 pm</td>
</tr>
<tr>
<td>__ Basic Skills Fridays 5:00 pm Saturdays 11:00 am</td>
</tr>
<tr>
<td>Sundays 3:50 pm Sundays 5:00 pm</td>
</tr>
<tr>
<td>TOTAL</td>
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</tbody>
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**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 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**

**Date**

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**METHOD OF PAYMENT**

**Cardholder Signature**

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