TOTS

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

Day: **MONDAY MORNINGS**
Term: April 4 – June 13
Off May 30th
Ten (10) weeks
Time: **10:20 – 11:20 am**
Cost: $150 per person

Day: **TUESDAY AFTERNOONS**
Term: April 5 – June 14
Off April 19th
Ten (10) weeks
Time: **1:10 – 2:10 pm**
Cost: $150 per person

Day: **THURSDAYS**
Term: April 7 – June 16
Off April 21st
Ten (10) weeks
Time: Mornings **10:20 – 11:20 am or**
Afternoons **1:10 – 2:10 pm**
Cost: $150 per person

Day **FRIDAYS**
Term: April 8 – June 17
Off April 22nd
Ten (10) weeks
Time: Mornings **10:00 – 11:00 am**
Cost: $150 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 – adults & kids in a 9 or 11 week session.

Day: **FRIDAY EVENINGS***
Term: April 8 – June 17
Eleven (11) weeks
Time: **5:30 – 6:30 pm**

Cost: $187 per person

***Creative Skating Available**
Cost: $242 per person

Day: **SUNDAY EVENINGS**
Term: April 10 – June 12
OFF April 17th
Nine (9) weeks
Time: **3:50 – 4:50 pm**
or
5:00 – 6:00 pm

Cost: $153 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.

Spring 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 _____

How did you hear about our programs? _____

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

_____ **Tot Lessons** Mondays 10:20 am

Tuesdays 1:10 pm Thursdays 10:20 am

Thursdays 1:10 pm Fridays 10:00 am **Fee - $ 150** _____

_____ **Basic Skills**

Fridays 5:30 pm **Fee - $ 187** _____

Sundays 3:50 pm Sundays 5:00 pm **Fee - $153** _____

TOTAL - _____

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 #_____ Amount Received: _____

____ Credit Card Amount Charged: _____

Visa MC Card # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expires _____