



LEARN-TO-SKATE BASIC



St. George's School – Cabot-Harman Ice Center 372 Purgatory Road Middletown, Rhode Island

Session I

October 16 – December 11, 2010 8 weeks

Classes: 10/16 10/23 10/30 11/6 11/13 11/20 NO 11/28 12/5

Holiday Skate – Bring A Friend 12/11

Session II

January 8 – March 5, 2011 9 weeks

Classes: 1/8 1/15 1/22 1/29 2/5 2/12 2/19 2/26

Bring A Friend 9:00am – 9:50am 3/5

Exhibition practice 10:00am – 10:50am 3/5

Ice Exhibition – all members invited

9:00 - 9:50am Classes 25min. class/25min. practice

*****NEW class offering for tots ages 3-4 WITH A Parent*****

*A beginner class for child and parent (Parent must be able to can skate). Beginner tots ages 3/ 4only.

Parent cost \$25.00. Parent participates in the classes and remains for duration of session.

*Snow Plow Sam 1 Teaches the preliminary moves to children ages 3-6 years

*Basic 1-2 Teaches the fundamentals of basic skating for beginners

10:00 – 10:50am Classes 25min. class/25min.practice

Basic 3 – 8 & Adults Teaches the basic edges, turns, and introduces jumps and spins

Freestyle 1 – 6 Teach jumps, spins, advanced turns and other athletic/artistic elements

PRICE: Individual Session I \$110.00 Family Session I \$105.00 per family member
Session II \$115.00 Session II \$110.00 per family member

****Optional membership in US Basic Skills costs \$15.00. Additional form must be completed.

Badges earned will be sold for \$2.50 each and can be purchased at the last lesson after testing.

Equipment: The Beginner does well in the Riedell 615ss for kiddies-tots; 625ss young ones; and 800ss for the beginner who wishes to do hockey after our Basic classes.

Figure skates – Don Jackson's or Riedells for skaters Basic 2 and up –sizes usually should be a size smaller than your street shoe size.

Helmets required for children under 7. Mittens or gloves required for all skaters.

This is a safety measure. Please, no double runner skates. Thank you.



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Application

New _____ Skater's Level (Circle last completed level)

Tot Class with parent: _____ additional \$25.00 for parent

Snowplow : 1 2 3 Basic: 1 2 3 4 5 6 7 8 Freestyle: 1 2 3 4 5 6

(Print clearly)

Skater's Name: _____ Age _____ DOB _____

Address: _____

City: _____ State _____ Zip: _____

Parent/Guardian: _____

Phone: _____ Email: _____ @ _____

Emergency Contact Information:

Name _____ Phone _____

Please check your choice:

Session I October 16 – December 11, 2010 8 weeks \$110.00 _____ Family each member \$105.00 _____

Session II January 8 – March 5, 2011 9 weeks \$115.00 _____ Family each member \$110.00 _____

*Optional: I wish to be a member of US Basic Skating. Yes ___ No ___

If yes, include \$15.00 for membership & a booklet.

Amount \$ _____ Check# _____ Cash _____ US Membership \$15.00 _____ Total _____
(Optional)

Payments: MAIL FORM AND PAYMENT TO:

LTS BASICS DMC
408 BRENDA LANE
FRANKLIN, MA 02038

The undersigned acknowledges that each applicant is physically capable to participate in this program; and that the risk of injury exists but such risk is hereby accepted and that the responsibility of medical insurance coverage is upon the applicant.

SIGNATURE

(Parent or Guardian): _____

NO REFUNDS

\$25.00 SERVICE CHARGE ON RETURNED CHECKS

Any questions, please contact: DOROTHY CUNNINGHAM, DIRECTOR

Call: 508-577-3092 Email: blades@franklinblades.com