



Weston Skating Club
 www.westonskate.org
 Email: mail@westonskate.org
 781.893.1603

**2009-2010 BASIC SKILLS
 LEARN TO SKATE PROGRAMS**

Guide to choosing a program:

Snowplow Sam 1-3 is designed for children ages 4 - 6 years old. Basic Skills classes are designed for children over 6 years of age and include beginners as well as experienced skaters. Adult instruction is for adult beginners and experienced level skaters.

CHOOSE:

_____	Saturday	Snowplow Sam 1-3	9:30-10:30am	11/21 - 2/6
_____	Saturday	Basic Skills 1-8	9:30-10:30am	11/21 - 2/6
_____	Saturday	Adult Instruction	9:30-10:30am	11/21 - 2/6
_____	Saturday	Snowplow Sam 1-3	10:30-11:30am	11/21 - 2/6
_____	Saturday	Basic Skills 1-8	10:30-11:30am	11/21 - 2/6
_____	Saturday	Adult Instruction	10:30-11:30am	11/21 - 2/6
_____	Sunday	Snowplow Sam 1-3	3:00-4:00pm	11/22 - 2/7
_____	Sunday	Basic Skills 1-8	3:00-4:00pm	11/22 - 2/7
_____	Sunday	Adult Instruction	3:00-4:00pm	11/22 - 2/7

*There will be no classes on 11/28 and 12/26 for Saturday classes and 11/29 and 12/27 for Sunday classes due to the holidays.

Cost:

The 10 week program is \$235 for members and \$275 for non-members. Discount: \$20 per additional child from the same family. Weston residents and town employees must be members to join a program. Membership allows admission to Open Skate held on Sundays 4 - 6pm from November 22, 2009 - February 28, 2010.

General Information:

Learn-To-Skate Classes include 10 class sessions. In the event a class is cancelled due to weather or other conditions, call the Weston Recreation office at 781-529-0203 or the Weston Skating Club information line at 781-893-1603. There may be no makeups for classes cancelled due to weather. **Deadline for registration is October 28, 2009** for Snowplow Sam 1-3 and Basic Skills 1-8 programs. After this date, any openings in the classes will be offered to non-residents.

Program Sign Up Information:

- Participant/Student's name: _____ Date of Birth (if under 18): _____
 Last Basic Skills, Snowplow Sam or skating class completed: _____
 Parent or Guardian's Name _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Cell _____ Office _____
 Email address/es (print clearly): _____
 Program and time: _____

2. Participant/Student's name: _____ Date of Birth (if under 18): _____
Last Basic Skills, Snowplow Sam or skating class completed: _____
Parent or Guardian's Name _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Cell _____ Office _____
Email address/es (print clearly): _____
Program and time: _____

3. Participant/Student's name: _____ Date of Birth (if under 18): _____
Last Basic Skills, Snowplow Sam or skating class completed: _____
Parent or Guardian's Name _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Cell _____ Office _____
Email address/es (print clearly): _____
Program and time: _____

Rules and Suggestions: For protection, skaters should wear a helmet when on the ice. If a bike helmet or ski helmet is used, please make sure it is approved for protection on the ice. Ice hockey or ice skating helmets are highly recommended. An adult responsible for the skater must stay in the rink during class. Warm clothes that are not bulky are best. Thin socks that provide warmth are best in figure skates. Mittens or gloves are recommended. Warm, waterproof pants can help keep children warm when falling or sitting on the ice. Hockey skates are acceptable, but figure skates are recommended for ease of learning. Plastic skates are not recommended. Two-bladed skates are not permitted.

Waiver: I understand that ice-skating and ice-skating related activities can be dangerous to me, my guests and my children, either on the ice-skating surface or in and around the ice skating facility at the Rivers School in Weston. I give permission for my children to participate in Weston Skating Club ice-skating classes and programs recognizing that there is risk of severe injury and or death in all ice skating activities. In so doing, I assume full responsibility for any and all risks to the above-named participant(s), including myself and guests and agree to release and hold harmless Weston Skating Club, its officers, employees, volunteers and agents for any loss or damage to personal property and for any personal injury or death that may arise from participation in any program or class offered by the Weston Skating Club.

Print Name _____ Signature _____ Date _____

Refund Policy: Full refund if this class is cancelled, or if there is no room for the child. No other refunds, unless a waiting list exists and your place is successfully filled. Refunds will be pro-rated and a \$10 administration charge will be deducted.

Please make check payable to: Weston Skating Club and mail to or drop off at Weston Recreation Dept., 20 Alphabet Lane, Weston, MA 02493