

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

**2009-2010**  
**SYNCHRONIZED**  
**SKATING PROGRAM**

**Ice Times**

8 sessions held on Sunday mornings 9:30-10:30am: 12/6, 12/13, 12/20, 1/10, 1/17, 1/24, 1/31, 2/7

**Cost**

The fee for Synchronized Skating is \$150 for the 8 sessions (\$190 for non-Weston residents and non-Weston Town employees) or \$60 if you are enrolled in a Learn-to-Skate program through the Weston Skating Club this season. Membership in the Weston Skating Club is required for Weston residents and Town employees to participate in this program. Please fill out a membership registration form and include payment of \$40/single or \$60/family.

**General Information**

In the event a program may be cancelled due to weather or other conditions, call the Weston Recreation office's 24-hour answering service at 781-529-0203 or the Weston Skating Club information line at 781-893-1603 for information.

**Program Sign Up Information**

Participant's name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Address: \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_  
Email address/es (print clearly): \_\_\_\_\_  
Parent/Guardian's Name/s \_\_\_\_\_

**Waiver**

I understand that ice skating and ice-skating related activities can be dangerous to me, and my child/ren 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 myself and child/ren 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 \_\_\_\_\_

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