



Skating School Program

Semester Three Classes

SNOWPLOW SAM (AGES 3-5)

Classes offered:

Mondays 4:00 pm
Wednesdays 4:00 pm
Fridays 4:30 pm
Saturdays 10:30 am
Sundays 10:30 am

BASIC SKILLS (AGES 6-16)

Classes offered:

Mondays 4:30 pm
Wednesdays 4:30 pm
Fridays 5:00 pm
Saturdays 11:00 am
Sundays 11:00 am

ADULT CLASS

Classes offered:

Saturdays 11:30 am
Sundays 11:30 am

Semester Three Class Dates:

MONDAY: February 15, 22, March 1, 8, 15, 22, 29, May 5

WEDNESDAY: February 17, 24, March 3, 10, 17, 24, 31, April 7

FRIDAY: March 5, 12, 19, 26, April 9, 16, 23, 30 (NO CLASS APRIL 2ND)

SATURDAY: March 6, 13, 20, 27, April 10, 17, 24, May 1 (NO CLASS APRIL 3RD)

SUNDAY: March 7, 14, 21, 28, April 11, 18, 25, May 2 (NO CLASS APRIL 4TH)

Cost: \$210 for 8-week semester

Please fax, email or mail your registration form to:

City Ice Pavilion

ATTN: Elise Gallagher

Email: admin@cityicepavilion.com

Fax: (718) 706-6670

Mail: 47-32 32nd Place, Long Island City, NY 11101

www.CityIcePavilion.com

(718) 706-6667

SEMESTER THREE SKATING SCHOOL REGISTRATION FORM

For Snowplow Sam, Basic Skills, and Adult classes

First _____ Last _____ Phone: (_____) _____ - _____

Address _____ Apt _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Gender: ___M___F Email _____

Parent/Guardian name _____ Emergency Phone _____

How did you hear about us? ___Friend___ ___Newspaper___ ___TV___ ___Website___ Please specify: _____

Previous Skating Levels Passed: Snowplow Sam _____ Basic Skills _____ Adult _____

Please select the class you are registering for:

Snowplow Sam Level 1-3 AGES 3 - 5 Level _____	Monday 4:00 pm	Basic 1 AGES 6 - 16	Monday 4:30 pm
	Wednesday 4:00 pm		Wednesday 4:30 pm
	Friday 4:30 pm		Friday 5:00 pm
	Saturday 10:30 am		Saturday 11:00 am
	Sunday 10:30 am		Sunday 11:00 am
Basic 2 AGES 6 - 16	Monday 4:30 pm	Basic 3 AGES 6 - 16	Friday 5:00 pm
	Wednesday 4:30 pm		Saturday 11:30 am
	Friday 5:00 pm		Sunday 11:30 am
	Saturday 11:00 am		
	Sunday 11:00 am		
Basic 4 - 6	Sunday 11:30 am <i>Or skaters can be evaluated to see if they qualify to enroll in the Figure Skating Bridge Program</i>	Adult 1 Adult 2 (Saturday only) Level _____	Saturday 11:30 am
			Sunday 11:30 am

Program fee: \$210

Circle Payment: Credit Card Cash Check # _____ ___MC___ ___Visa___ ___Discover___ ___Amex

Credit Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____ Date ____/____/____

BEFORE A CHILD CAN PARTICIPATE IN A CITY ICE PAVILION PROGRAM, THIS RELEASE MUST BE SIGNED BY THE PARTICIPANT'S PARENT/GUARDIAN. CITY ICE PAVILION – SKATE AT YOUR OWN RISK – NO REFUNDS OR EXCHANGES – NOT TRANSFERABLE WARNING

All participants/parents/guardians/spectators/visitors understand and agree to voluntarily assume all inherent risks related to Programming participation or visiting the facility/grounds of City Ice Pavilion including changing conditions of the ice surface/ facility/grounds, collisions/slips/falls, lost/stolen/damaged property, etc. that may result in injury or death. City Ice Pavilion, its owners, employees and vendors shall not be responsible or liable for any claims whatsoever. City Ice Pavilion has the right to use all photographs or videos for advertising and/or promotional and marketing purposes.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. READ CAREFULLY. BY SIGNING THIS, YOU MAY GIVE UP LEGAL RIGHTS

Parent/Guardian Signature _____ Date ____/____/____

Please email, fax or mail your registration form with payment to:

City Ice Pavilion

ATTN: Elise Gallagher

Email: admin@cityicepavilion.com

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Phone: (718) 706-6667

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