NASHOBA VALLEY ISI SKATING SCHOOL

Location: 34 Mass Ave., Boxborough, MA
Mailing Address: P.O. Box 793, Acton, MA 01720
Telephone: (978)263-3044
www.skatenashoba.com

LEARN-TO-SKATE CLASSES 2011-2012

CLASS	DAY	TIME	COST
Learn to Skate (helmets required)	Saturday	10:45-11:30 am	$105.00 7 weeks
Learn to Skate (helmets required)	Saturday	11:30-12:15 pm	$105.00 7 weeks

Session 2 November 5th – December 17th

The Learn-To-Skate class is designed for children who have never skated before or have limited skating experience. It teaches the fun and fundamentals of skating using music and games. The program stresses balance, how to fall and stand on ice, interact with other children, and the beginning basics needed to continue on to our basic skills levels. The class has five test levels and consists of 30 minutes of small group instruction, followed by 15 minutes of practice ice time.

The minimum age is 4 years old. Children must bring their own ice skates & helmets to each class.

Practice ice is available as a supplement to your class. It may be purchased through the ISI office.

****NO REFUNDS****

Cut on dotted line and return registration form with payment to the ISI office.

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Nashoba Valley ISI Learn-to-Skate **Renew___**
Session 2 **New___**
November 5th – December 17th

Name_____Address_____
Town_____Zip_____ EMAIL:_____
Telephone_____Birth Date_____ Skating Level (Color Dot)_____
Mother's name_____ Father's name_____

Please select class choice:

_____ Saturday 10:45am $105.00 7 weeks

_____Saturday 11:30am $105.00 7 weeks

*****NO MAKE-UPS***NO REFUNDS***** **Total amount due $_____**

5% DISCOUNT FOR SECOND CHILD 10% DISCOUNT FOR THIRD CHILD
Please make check payable to Nashoba Valley ISI. $15.00 fee for returned checks. We reserve the right to cancel due to insufficient enrollment.

RELEASE FORM: I hereby assume all risks and hazards incidental to participation in any and all Nashoba Valley Olympia activities. I hereby waive, release, Nashoba Valley Olympia and their professionals of any harm or injury.

_____ _____
Signature (Parent or guardian if skater is under 18 yrs.) Date

PHOTO RELEASE: From time to time photographs or video tapes are taken by NVO ISI or any authorized party, may be used for promotion and marketing material/articles. **[ ] Yes, I give permission. [ ] No, I do not give permission.**