

COLONIAL FIGURE SKATING CLUB offers skating lessons for children and adults in accordance with the Rules and Regulations set forth by the USFS.

Summer skating lessons are offered on Wednesday, August 4, 11, 18, 25, and September 1, 2010 in Rink 3.

Snowplow Sam, Basic 1 through 8, and Adult 1 through 4 skaters can register for the classes held during the 4 to 5 p.m. hour. Advanced adults and Freestyle 1 through 6 skaters can register for classes held from 5:15 to 6:15 p.m.

Theatre On Ice will be offered to all levels this summer during regular class times.

During the summer, the lesson schedule allows for more flexibility than during the regular season. Skaters can skate all four weeks or miss a week or two. Fees are pro-rated as follows: \$18 per class or \$85 for the session.

Full Payment is required at the time of registration. We accept cash, checks, Visa, Mastercard, Amex and Discover. Checks should be made payable to C.F.S.C. Registration forms may be mailed to CFSC; P.O. Box 517; West Acton, MA 01720

For more information about Colonial Figure Skating Club and its programs, please stop by the office located in Rink 3 or call us at 978-263-3450. You may also check out our website, www.colonialfsc.com or e-mail us at colonials@colonialfsc.com

Thank you for your interest in our skating program.

Checks may be made payable to:
CFSC
P.O. Box 517
West Acton, MA 01720

2010 SUMMER SKATE APPLICATION

Name: _____ DOB: _____

Address: _____

E-mail Address: _____

Phone: Day _____ Evening _____

Circle appropriate class – All classes are held in R3

Please circle day/date skating; 8/4, 11, 18, 25, 9/1/10 or entire session

Session 1	<u>Snowplow Sam, Basic 1 – 8</u>
	4:00 \$85

Session 2	<u>Freestyle 1 – 6, Adult 1-4</u>
	5:15 \$85

I am aware that figure skating is a dangerous sport and that my (or my child's) participation in skating or training activities is at my (or my child's) sole risk. I hereby agree to release, indemnify and hold harmless Colonial Figure Skating Club, Inc., Nashoba Valley Olympia, Inc. and Olympus Realty Trust and all their directors, officers, agents, insurers, attorneys, and employees from any and all claims, demands, losses, damages or injury, whatsoever of any kind or nature that I may sustain as a result of my (or my child's) participation or activities with CFSC. NO REFUNDS WILL BE ALLOWED FOR MISSED CLASSES WITH THE EXCEPTION OF MEDICAL REFUNDS ACCOMPANIED WITH A DOCTOR'S NOTE.

Signature: _____

We accept Discover, Mastercard, Visa & America Express, Cash, & Checks

Card # _____

Exp. Date: _____

Amt. Pd.: _____

Cardholder Name: _____

Cardholder Signature: _____

