

LEARN TO **SKATE** USA



*Learn the FUNDamentals!
Learn from Professionals!*

Sept 10th—April 22rd

2016-2017

Saturdays 10:00 AM

Mark Bavis Arena
180 VFW Drive
Rockland, MA 02370

www.skatingclubofhingham.org

Classes held
Saturday Mornings

10:00 AM

Session Dates

Sept 10—Oct 29 (8 wks)

Nov 5—Dec 17 (7wks)

Jan 14—Mar 4 (8 wks)

March 11—Apr 22 (7 wks)

Cost

8 wks \$145 (7 wks \$130)*

(*plus annual reg fee of \$30 valid til June)

REGISTRATION INFO

Pre-register by sending email to:

skatingclubofhingham@gmail.com

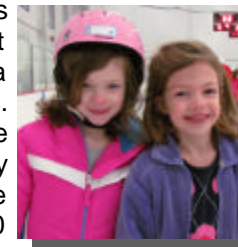
OR MAIL APPLICATION & PAYMENT TO:

Skating Club of Hingham
c/o LTS Director
6 Reservoir Rd
Cohasset, MA 02025



The Learn-to-Skate USA program is endorsed by U.S. Figure Skating for skaters of all levels & abilities who wish to learn the skills needed to **advance into a figure skating or hockey program or just have FUN!** Instruction is provided by Professional Staff with years of experience preparing children with a solid foundation of basic skating skills.

BEGINNER PROGRAM—For children ages 3, 4 & 5 yrs old. Program includes 25 minutes of basic instruction in a fun, smaller class environment. Once the 10:00 AM classes are full, additional classes at 10:35 AM will be added on a first-come, first-serve basis. Children are moved into the next program when they reach 6 yrs **OR** can pass the minimum test level for the 40 min class program.



LEARN TO SKATE / AGES 6+ to ADULT
Includes a 40 minute lesson and a 20 minute practice. Skaters are divided based upon age and ability. End of session badge testing included. Skater may enroll in our Introductory private lesson program at any point during Learn to Skate session. All skaters are eligible to participate in Annual Ice Show on April 22nd.

HOCKEY SKILLS CLASS

We offer a specialized hockey skating skills class for those skaters wanting to join a Learn to Play hockey program, or team, in the future. Skaters must have passed out of our Beginner class to qualify. Hockey gear preferred, but not required.

Basic Information

Skates are required, the rink does not have rentals. (Helmets with face cage recommended). Single blade skates only, no double-runner skates allowed. Gloves and warm clothes that do not restrict movement are recommended.



**2016 – 2017
Registration & Release Form
SC of Hingham at Mark Bavis Arena**

Please PRINT the following information legibly:

Skater's Full Name: _____ Parent/Guardian: _____

Street: _____ Town _____ Zip Code: _____

Experience: (Check) ___None ___ Public Skating ___ 0-1 year of Group Lessons ___ 2 yrs of Group+

Skater Date of Birth (**required for registration**): _____ (Must turn 3 years by start of skating class)

Email: _____ Best Phone to Contact: _____
(email is required for confirmations and schedule updates)

Please Choose Session(s) for: Beginner Class Age 3 to 5 _____		Learn to Skate Ages 6 + _____		Adult class _____
<input type="checkbox"/> Session 1 (Sept 10 th – Oct 29 th) \$145 (8 wks)	<input type="checkbox"/> Session 2 (Nov 5 th – Dec 17 th) \$130 (7 wks)	<input type="checkbox"/> Session 3 (Jan 14 th – Mar 4 th) \$145 (8 wks)	<input type="checkbox"/> Session 4 (Mar 11 th – Apr 22 nd) \$130 (7 wks)	
<input checked="" type="checkbox"/> Annual Registration Fee (required) \$30* (valid from 9/1/16 – 6/30/17)		TOTAL DUE* (include \$30 annual fee) \$ _____		
<small>*Annual Registration Fee is <u>per</u> skater. For 3rd sibling+, take half off session cost. If paying for all 4 sessions, take \$30 discount off TOTAL.</small>				

Release of Liability: In consideration for use of the facilities, programs, equipment, etc. of the Skating Club of Hingham (SCOH), Inc., I agree to indemnify and hold harmless the SCOH, USFS/Learn to Skate USA, the Mark Bavis Ice Arena, and their directors, officers, members, employees, agents, legal representatives, successors and assigns, of and from all liability, expenses, costs, damages and/or losses of any kind arising out of property, occurring on or off the ice. I recognize the dangers inherent in ice skating. I realize my child may be subject to injury from this activity and that no form of preparing can remove all danger which my child is exposed to. **IF UNABLE TO REACH THE DESIGNATED PARENT/GUARDIAN DURING A MEDICAL EMERGENCY, THE SKATING CLUB OF HINGHAM IS GRANTED PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT.**

Photos taken during class time, practice time, or special events hosted by SCOH may be used for promotional and/or marketing purposes on our website, facebook page or brochures. No names of any skaters will ever be used unless permission is granted ahead of time by parent/guardian on record.

NO REFUNDS. A credit will be issued during a governor-declared state of emergency/weather closing only. No refunds or credits are issued after the start of the second class, whether present or not. No parent/guardian is allowed on the ice at ANY time. I have read this release and fully understand the terms. I intend this application to take effect as a sealed instrument.

Parent/Guardian Signature: _____ **Date:** _____
(If 18 years of age or older, applicant may sign)

I am aware of the safety policy requiring the use of a protective helmet, which could prevent damage in the event of an accident and I am refusing this critical safety precaution. _____ (initial ONLY if refusing)

Please return application & payment to: Skating Club of Hingham, 6 Reservoir Rd, Cohasset, MA 02025