



13333 Telegraph Rd, Taylor, MI 48180

Learn to Skate 2019-2020 Ice Skating Classes

**Registration Cost Per Session \$70.00/skater or Family Rate\***

Family Rate 1st&2nd skater \$70.00 each additional skater \$35.00 must live at same address

**\*Each Skater must also have a current Learn to Skate USA membership.**

Spring Session

Monday Classes March 23, 30, April 6,13, 20, 27, May 11

NO CLASS ON MAY 4, come see the Ice Show!

All skaters in Snowplow Sam and 6 years and under should wear a helmet. There are no make up classes. The Director reserves the right to merge classes as necessary, in the event there is only one skater enrolled the class will be taught as a 15min private lesson. Gloves or mittens and comfortable clothes are recommended for all skaters. Rental skates are free of charge on the day of class.

Please circle class:

5:30 - 6:00pm 6:00 - 6:15pm	Snowplow Sam practice time	Basic 1 practice time	Basic 2&3 practice time	Basic 4&5 practice time	Basic 6 practice time
6:00 - 6:15pm 6:15 - 6:45 pm	Pre- Freeskate warm up class	Freeskate 1-3 warm up class	Freeskate 4-6 warm up class		Adult Class warm up class

Skater \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Parent / Guardian Name: \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Waiver Form: I herby represent and certify that the age of the registrant listed above is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex. I acknowledge the inherent risk of serious physical injury or even death associated with skating activities and I herby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from registrant's participation in any Taylor Sportsplex program. I herby represent and certify that as the parent or legal guardian of the participant I herby consent to any and all emergency medical care for the participant.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For questions please contact us: [learntoskateTSX@gmail.com](mailto:learntoskateTSX@gmail.com)  
 Register for Learn to Skate USA Membership at: [www.Learntoskateusa.com](http://www.Learntoskateusa.com)