



Monday Class

13333 Telegraph Rd, Taylor, MI 48180

Learn to Skate Fall 2021 **MONDAY** Ice Skating Classes

Registration Cost Per Session \$70.00/skater or \$115/skater enrolling in 2 classes

Family Rate 1st&2nd skater \$70.00 each additional skater \$45.00 must live at same address

***Each Skater must also have a current Learn to Skate USA membership. Register at ["http://learntoskateusa.com"](http://learntoskateusa.com)**

Fall Learn to Skate

Monday Classes September, 13,20,27 October, 4,11,18,25

All skaters 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. Limited rental skates are free of charge and available to check out for the session on a first come basis.

Monday 5:15-5:45 pm	Basic 1	Basic 2	Basic 3	Basic 4	Basic 5
Monday 5:50-6:20 pm	Moves in the Field/ Skating Skills	This Class is open to all skaters Basic 4 and up. Skaters will work on Skating Skills and USFS Moves in the Field test patterns. All Skaters registering as a 2nd class receive a \$25 discount!			
Monday 6:20 - 6:50 pm	Basic 6 & Pre-Freeskate	Freeskate 1	Freeskate 2&3	Freeskate 4 -6	

Please circle class:

Skater _____ Age _____ Birthdate _____

Skater Learn to Skate USA # _____

Parent / Guardian Name: _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Emergency contact _____ Phone _____

Waiver Form: I hereby 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 hereby 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 hereby represent and certify that as the parent or legal guardian of the participant I hereby 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

