



Champions Skating Center

6 Progress Drive Cromwell, CT 06416
Phone: (860) 632-0323 x 26 / Fax: (860) 632-2088
www.championsskatingcenter.com
Email: sk8champions@yahoo.com



Juniors Program US Figure Skating Learn to Skate Program 2008 / 2009 Session 1

The Juniors program is designed to advance the skater from Learn to Skate to more individualized instruction. All skater must be a current Basic Skills or Full USFS member to participate. Skater must pre-qualify for classes by passing Basic 3 of the US Basic Skills Program. The Juniors program will introduce semi-private instruction on freestyle ice and skaters will also have the option of incorporating extra practice and classes to their training.

Flexibility: Pick the Freestyle practice and On/Off ice classes that are convenient for you...Coupons have NO expiration date!

Savings: Packages are designed for savings and affordability.

Progress: Small semi-private classes, added practice time, and additional training classes for faster progress

Check the appropriate class and membership:

- Option 1: \$120.00 for 8 weeks *Weekly 25 minute semi private lesson / 8 twenty five-minute Freestyle coupons
- Option 2: \$160.00 for 8 weeks *Weekly 25 minute semi private lesson / 8 class (on or off ice) coupons
- Option 3: \$160.00 for 8 weeks *Two weekly 25 minute semi private lessons
- Option 4: \$200.00 for 8 weeks *Weekly 25 minute semi-private lesson / eight 25 minute FS coupon / 8 class coupons
- Option 5: \$200.00 for 8 weeks *Weekly 25 minute semi-private lesson / 16 class coupons (same format as Bridge)
- Basic Skills Membership: \$25.00 (Full or Basic Skills Membership required for Juniors) Current # _____
- ***ADD ANY LTS to any of the above options for an additional \$80.00 (must fill out separate LTS application)

Check the day of your semi-private class:

Monday 5:25-5:50pm
Sept 8-Oct 27

Wednesday 5:00-5:25pm
Sept 10-Oct 29

Thursday 4:55-5:20pm
Sept 11-Oct 30

Circle your current level:

Basic 4 5 6 7 8

Freeskate 1 2 3 4 5 6

Skater Name _____ Age _____ DOB _____ M F

Address _____ City/State/Zip _____

Phone Number (all applicable) _____

Email _____

Parents Names _____

Liability Waiver: It is understood that Champions Skating Center,LLC assumes no responsibility or liability for injuries or loss of property, which might occur during skating activities. I hereby release Champions Skating Center, LLC from liability from injury suffered during participation, including injury resulting from negligence of Champions Skating Center, LLC. In consideration of the registration, the undersigned waives any claim or cause of action which might occur to him/her against Champions Skating Center, LLC by reason of injury or loss of or damage arising out of activities. Champions Skating Center reserves the right to cancel, alter, or change any skating lessons. Champions has a no make-up policy for semi-private class and will allow **ONE** semi-private class **\$5.00 credit** per session with approval. Champions has a strict 'no drop off' policy. Skaters 11 years and under must have a responsible party at the facility at all times. Classes are filled on first come first serve basis with payment until full.

Parent/Guardian or Adult Skater Signature X _____ Date _____

Please return **form with payment** and make checks payable to **Champions**. All fees are non-refundable.

Registration Deadline: One week prior to start date of class. Please call (860)608-0855 for availability after deadline

Office Use Only			
USFS PMT/Form	Amount Paid	Type of Pmt	Juniors 9/08 session 1