

**NEW  
CLASS! →**

# HOMESCHOOL / DAYTIME LEARN TO SKATE



The Homeschool Learn To Skate program is designed for skaters who are not in school during regular school hours. This program is for skaters of all ages and abilities, and takes place during our daytime learn to skate program.

The daytime program includes classes for Tots (ages 3-6) and Adults.



Spring 2017 Classes—6 WEEKS \$120

(Plus \$15 annual USFS membership fee)



**Included with class**

- \* Skate rental
- \* 30 minute group lesson
- \* 30 minutes of practice ice after the class
- \* A lot of fun!

Tuesdays March 28, April 4, 18, 25, May 2, 9

**\*No class April 11**

11:00 am-11:30 am Tots Ages 3-6 (Helmet required)

1:00 pm-1:30 pm Ages 7-Adult



Call or stop in to enroll in this program!

Questions? Email [Julie@Flemingtonice.com](mailto:Julie@Flemingtonice.com)

426 Case Blvd. Flemington, NJ. 08822

[www.flemingtonice.com](http://www.flemingtonice.com) 908.237.1423



The goal of the Learn To Skate USA program is "to provide a fun and positive experience that will instill a lifelong love of skating." Flemington Ice Arena's coaching staff strives to achieve a positive learning experience that builds confidence and encourages skaters to learn to succeed in life through their passion for skating.

Skater Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ MALE / FEMALE

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

New to Flemington? YES / NO Day/Class \_\_\_\_\_ Time \_\_\_\_\_

**Assumption of Risk/Consent for Treatment:** I hereby give permission for the above named skater to participate in Flemington Ice Arena's Learn To Skate program. I assume the risks inherent to such participation and further release, absolve, indemnify and hold harmless Flemington Ice Arena, its insurer, the management, director, staff, independent contractors, officers, board of directors and any of its associates from any claim arising out of injury. I further authorize the organization to act for me and on behalf according to his/her best judgment in any emergency or injury to myself or my child requesting paraprofessional or professional medical attention or treatment in the event that I am not available or can not be reached. I understand classes may be combined or canceled due to low enrollment.

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

Cash (Do not mail)\$ \_\_\_\_\_ Check \_\_\_\_\_ (Pay to Flemington Ice Arena) \$ \_\_\_\_\_

Flemington Ice accepts AMEX, MC, Visa, Discover CVC Code # \_\_\_\_\_

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_