

# Learn to Skate

**Tuesdays 6:30-7:30 PM**

**Fridays 6:50-7:50 PM**

**Saturdays 11:20 AM- 12:20 PM**

**Strength. Confidence. Achievement. Experiences. Memories.**

Discover this and more with our Learn to Skate program which includes 30 minutes of professional instruction and 30 minutes of practice time each week.

## Session 1:

Fridays: September 28-November 2

Saturdays: September 29-November 3

Tuesdays: September 24-October 30

## Session 2:

Fridays: November 9-December 21\*

\*No class November 23

Saturdays: November 10-December 22\*\*

\*\*No class November 24

Tuesdays: November 5-December 18\*\*\*

\*\*\*No class November 20

## PROGRAM BENEFITS

- Rental skates available at no charge
- Learn to Skate USA Membership
  - Certificate of Achievement
- Learn to Skate USA Basic Skills Record Book

Students who register at least seven days prior to first class of session will receive six FREE Public Skating Admissions

## TIPS & SUGGESTIONS

- Skaters should arrive at least 20 minutes before class starts
- Dress appropriately for a cold environment in layered, non-restrictive clothing.
- Hockey helmets are strongly recommended for all beginners & hockey skaters
  - Ice skates should fit snugly while wearing only one pair of thin, dry socks
  - Gloves preferred instead of mittens



**6 WEEK  
SESSION:  
\$150**



LEARN TO  
**SKATE**  
USA

endorsed by



FlyersSkateZone.com

CHILD NAME: \_\_\_\_\_

CHILD DATE OF BIRTH: \_\_\_\_\_ CHILD CURRENT SCHOOL: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLEASE CIRCLE ONE

SESSION:                      Session 1    Session 2

CHOOSE DAY:                      Tuesday                                      Friday                                      Saturday

Child's Skating Interest?:                      Recreational                                      Competitive                                      Hockey                                      Speed

Skating Level:	Snow Plow Sam	1	2	3	4			
	Basic Skills	1	2	3	4	5	6	
	Free Skate	Pre	1	2	3	4	5	6
	Hockey (Tuesdays)	1	2	3	4			
	Adult (Fridays)	1	2	3	4	5	6	

**NO REFUNDS NO MAKEUPS**

**REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. CLASS SIZES ARE LIMITED.**

PARTICIPANT CONSENT

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE LEARN TO SKATE PROGRAM, RELATED EVENTS AND ACTIVITIES OF SKATING, I \_\_\_\_\_, THE UNDERSIGNED, ACKNOWLEDGE, APPRECIATE, AND AGREE THAT:

- THE RISK OF INJURY FROM THE ACTIVITIES INVOLVED IN THIS PROGRAM IS SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT PARALYSIS AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THIS RISK, THE RISK OF SERIOUS INJURY DOES EXIST; AND,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN OF MY PARTICIPATION IN LEARN TO SKATE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; AND,
- I WILLINGLY AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION IN LEARN TO SKATE. IF, HOWEVER, I OBSERVE ANY UNUSUAL SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL REMOVE MYSELF FROM PARTICIPATION AND BRING SUCH TO THE ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY; AND,
- I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE FLYERS SKATE ZONE, THEIR OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARENT, GUARDIAN OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Make Checks Payable to:  
Flyers Skate Zone

Please Return Signed Application to:  
Jefferson Health Flyers Skate Zone  
10990 Decatur Road | Philadelphia, PA 19154

**FOR MORE INFORMATION CONTACT:**

**AMBER HARTMAN**  
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Amber\_Hartman@comcastspectacor.com

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