



**Bay Path Figure Skating Club
Learn-to-Skate 2012**

Skater's Name: _____ DOB _____ Age when session begins: _____

Address: _____ Town: _____ Zip: _____

Telephone: (_____) _____ Parent Cell: (_____) _____

Parent Name(s): _____ Parent Email: _____

Emergency Contact Name: _____ Phone: (_____) _____

How did you hear about Bay Path's Learn-to-Skate Program? _____

Did you skate at Bay Path last year? _____ If yes, what was the last badge received? _____

SESSION DATES AND COST INFORMATION

SESSION 3: LTS, LTS ADULTS, LTS HOCKEY
FEBRUARY 25, 2012 thru APRIL 14, 2012 8 WEEKS \$144.00

SESSION 3: PARENT/TOT FEBRUARY 25, 2012 thru APRIL 14, 2012 8 WEEKS \$90.00

SAVE 10% for each ADDITIONAL Family member. 1st family member pays full price.

PLEASE CHECK SESSION(S):

SESSION 2: _____ SESSIONS 3: _____

_____ LEARN TO SKATE	11:00 a.m. – 11:50 a.m.
_____ LEARN TO SKATE for HOCKEY	11:00 a.m. – 11:50 a.m.
_____ LEARN TO SKATE for ADULTS	11:00 a.m. – 11:50 a.m.
_____ LEARN TO SKATE PARENT/TOT	11:00 a.m. – 11:25 p.m. (\$90.00 for 8 weeks)

Cost: \$ _____

Basic Skills Member/
Admin Fee \$25.00/skater for season

Less Family Discount \$ _____

TOTAL ENCLOSED: \$ _____

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

Bay Path Figure Skating Club
Stacey M. Raffi, Figure Skating Director
P.O. Box 6414
Holliston, MA 01746

By signing below, I acknowledge there are NO REFUNDS, transfers or credits for enrollment. I understand a responsible adult must remain in the rink while the child is on the ice. I also understand there are no make-up classes for missed lessons. Cancellations due to inclement weather may be rescheduled for a different day and/or time.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN IF SKATER IS UNDER 18 YRS.