

# LEARN TO SKATE USA



Learn to Skate Fall 2022 **MONDAY** Ice Skating Classes

**Registration Cost Per Session \$70.00/skater Basic Skills and Freeskiate Classes\*  
\$35.00/skater Skating Skills Class\***

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

**Winter Learn to Skate Monday Classes January 9, 16, 23, 30 February 6, 13, 20**

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 10min private lesson. Gloves or mittens and comfortable clothes are recommended for all skaters. Limited rental skates are free of charge and available on a first come basis.

Please circle class:

Monday 5:25-5:50 pm Practice time 5:50-6:00 pm	Snowplow Sam	Basic 1	Basic 2	Basic 3	
Monday 5:50-6:15 pm Practice time 5:40 -5:50pm	Basic 4	Basic 5	Basic 6	Pre Freeskiate Freeskiate1&2	Freeskiate 3&4
Monday 6:20 -6:35 pm	Skating Skills/ Power	This Class is recommended for all skaters Basic 4 and up. Skaters will work on Skating Skills and USFS Moves in the Field test patterns.			
Monday 6:35 - 7:00pm 6:05 -6:15pm	Practice time		Axel, Spin & Step Sequence		

Skater \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Skater Learn to Skate USA # \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Waiver Form: I herby 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 herby 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 herby represent and certify that as the parent or legal guardian of the participant I herby 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](mailto:learntoskateTSX@gmail.com)



13333 Telegraph Rd, Taylor, MI 48180