

WINTER 2010

LEARN-TO-SKATE / FIGURE SKATING / POWER SKATE / ADULT SKATE

	Start Date/End Date	Time	Number of Weeks	Location	Cancelled Dates
TUESDAY	Jan. 12, 10 – March 30, 10	5:15pm – 6:15pm	12	The Pavilion	None
WEDNESDAY	Jan. 13, 10 – March 31, 10	5:00pm – 6:00pm	12	The Pavilion	None
THURSDAY	Jan. 14, 10 – April 1, 10	4:30pm – 5:30pm	12	The Pavilion	None
FRIDAY	Jan. 8, 10 – March 19, 10	4:30pm – 5:30pm	11	The Pavilion	None
SATURDAY	Jan. 9, 10 – March 20, 10	2:15pm – 3:15pm	11	The Pavilion	None
SUNDAY	Jan. 10, 10 – March 21, 10	10:15am – 11:15am	11	The Pavilion	None

FEES

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Learn To Skate	\$372	\$372	\$372	\$352	\$352	\$352
Intro To Figure Skating & Figure Skating Academy	\$528	\$528	\$528	\$484	\$484	\$484
Boys & Girls Power Skate	\$420	\$420	\$420	\$385	\$385	\$385
Adult Skate	\$384	\$384	\$384	\$352	\$352	\$352

***All prices include GST #: 843333790 (Programs fill up quickly...so register early to attend the program of your choice)**

SKATER'S NAME

First: _____ Last: _____

Birthdate: MM ___ DD ___ YYYY ___ Age: _____

Gender (please circle): M F

Medical or Physical Concerns: _____

Program (Check One):

◇ Learn-To-Skate	◇ Power Skate
◇ Figure Skating	◇ Adult Skate

Class Day(s): _____ Time: _____

Class Location: _____

Total Due: _____

Method of Payment (please check off one)

◇ Cash

◇ Cheque (post dated cheques not accepted)

(PAYABLE TO: Ice Dreams Skating Academy)

How Did You Hear About Ice Dreams?:

PARENTS/GUARDIANS: _____

Address: _____

City: _____ Postal Code: _____

Home Ph. #: _____ Cell Ph. #: _____

E-Mail: _____

By signing below, the applicant agrees that Ice Dreams Skating Academy or its proprietors will not be held responsible for any accidents or loss however caused and agree to release the Academy and its proprietors from all claims and damages which may arise as a result of or by reasons of such accidents or loss. Ice Dreams Skating Academy may publish photos/videos of skaters for promotional and/or internet purposes. **NO REFUNDS ONCE SESSIONS HAVE STARTED.**

Parent or Guardian Signature: _____

Date: MM ___ DD ___ YYYY _____

STUDENT LEVEL/ABILITY (please check off one)

◇ No Experience	◇ Previous Lessons Level Passed: _____
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GENERAL RULES

- All skaters must pay in full before entering the ice

- All skaters must wear a CSA approved helmet

- \$35.00 fee will apply to returned cheques and \$25.00 fee will apply to all late registrations

- **ONLY ONE** make-up class per session

Mail Registration Forms to: Ice Dreams Skating Academy, 130 Racco Parkway, Thornhill, ON, L4J 8X9

Contact: (905)-709-3511

Email: info@ice-dreams.ca

Website www.ice-dreams.ca