

"SKATE WITH U.S." Learn to Skate Program

A program to learn the basics of Recreational skating,

Hockey & Figure skating

Presented by: **FALL 1 2015** Located at:

5165 E. Remus Road
Mt. Pleasant, MI 48858
772-9623



For program and club information please call: 779-0690

Or check out our website:

www.mtpleasantskatingclub.com

Welcome to the Skate with U.S. Program and the Mt. Pleasant Figure Skating Club. This program enables beginner skaters of all ages to learn the sport fundamentals and begin a lifetime commitment to health and fitness. It is fun, challenging and rewarding.

Class Format

Lessons are 20 minutes with a 20 minutes warm-up / practice either before or after class. The last 10 minutes of ice time will be dedicated to creating a group presentation to be given on testing day. Please plan to arrive at least 20 minutes prior to class allowing sufficient preparation time.

Clothing

Comfortable, loose fitting, warm clothing including hats, gloves or mittens. Hair that is shoulder length, or longer, should be tied back.

Equipment

Single blade skates [hockey or figure], are required. Skates are available at the I.C.E. Arena for a rental fee of \$1 **[**reduced price**]** each session. Helmets are required for children 5 years of age or younger [bicycle helmets are acceptable].

This program is designed to make the beginning skater feel comfortable on the ice while gaining basic skating knowledge. All elements must be passed before moving on to the next. Testing is ongoing.



Like us on facebook
Mt Pleasant Figure Skating Club

Name: _____ Parent/Guardian: _____
Address: _____ City: _____ Zip _____
Daytime Phone: _____ Evening Phone: _____
Date of birth: _____ Age _____ E-mail address: _____
Highest level passed to date: _____
School District: _____

Sign up for the both nights and get the second night for 1/2 price [2nd child discount does not apply]

Please check your choice. FALL 1 2015 –September 14 thru October 22 [6 weeks]

<input type="checkbox"/> Monday 6-6:50 p.m. \$72			<input type="checkbox"/> Thursday 6-6:50 p.m. \$72		
<input type="checkbox"/> Snowplow 1-3	<input type="checkbox"/> Basic 1	<input type="checkbox"/> Basic 2	<input type="checkbox"/> Basic 3	<input type="checkbox"/> Basic 4	
<input type="checkbox"/> Basic 5	<input type="checkbox"/> Basic 6	<input type="checkbox"/> Basic 7	<input type="checkbox"/> Basic 8		

NOTE; U.S.F.S.A. Membership of \$12 is due annually [Year begins in September].

We offer an additional child discount of \$5 per child per family.

USFSA membership \$ 12.00 [Mandatory for FALL 1 SESSION]

Class Fee [1st night] \$ _____

2nd night \$ _____

Additional Child \$ - _____ [Indicate name of 1st child _____]

Amount Enclosed: \$ _____

****Please make checks or money orders payable to the Mt. Pleasant Figure Skating Club and mail to:
PO Box 975, Mt. Pleasant, MI 48804-0975**

I have received Concussion Awareness Information from MPFSC and by signing below, I am acknowledging that fact.

As a participant, or parent/guardian of a minor participant MPFSC's LTS Program, I understand that MPFSC, or its agents, may take photographs, video and/or film of my, my minor's and/or my family's involvement, participation, viewing or interaction at scheduled ice time, activities, classes or events. I hereby authorize the taking and use of such photographs, video, film or likeness of myself, my minor child (or children), and/or my family in all forms and media and in all manners, including composite or other representations, for any lawful and legitimate MPFSC purpose, including dissemination and distribution of the same; and further waive any right to approve or object to any finished, modified or derivative product or media

Health Consent and Waiver of Responsibility

The Mt. Pleasant Figure Skating Club, organizers of USFSA Skate with U.S. programs, undertakes no responsibility for damages/ injuries suffered by any skater. As a condition of, and in consideration of therein enrollment, all enrollees, siblings, and parents/guardians shall be deemed to agree to assume all risks of injury to their person and property resulting from, caused by, or connected with conduct and management of this program, and waive and release any and all claims which they may have against the Mt. Pleasant Figure Skating Club, its officers, and/or employees and staff

Hospital and Medical Release

I hereby authorize any hospital or emergency treatment facility to provide emergency treatment for the herein named skater if administering treatment is deemed necessary for the well-being of the skater in absence of written or telephone authorization.

Signature: _____ Date: _____

(Skater if 18 or parent/guardian of minor skater)

Alternative Number(s) where you can be reached in an emergency: _____

If you cannot be reached, who may we contact? _____ Phone: _____

Family Doctor _____ Phone: _____

Insurance Information: _____

If you prefer treatment at a facility other than Central Michigan Community Hospital, please indicate details here: _____

Allergies, Medications, Medical Conditions _____