

# 2017-2018 CFSC Learn To Skate Lesson Registration Form

Hosted by Nassau County Dept. of Parks, Recreation, and Museums  
Cantiague Park 480 W. John St., Hicksville NY 11801

Lessons are available for 3 years old and up! We have groups available on Fridays and Saturdays. Rates for classes are: \$150 for an 8 week semester. Fee includes USFS LTS registration fee, 1/2 hour group class, and admission to session. Skate rentals are available at the rink for an additional \$5 per session. It is strongly recommended that all beginner skaters wear a helmet and gloves.

**Please choose lesson day and time:**

Fri 4:30-5:00pm\_\_\_\_\_ Fri 5:00-5:30pm\_\_\_\_\_ Sat 1:00-1:30\_\_\_\_\_ Sat 1:30-2:00\_\_\_\_\_

***1<sup>st</sup> Semester dates are as follows:***

Friday	10/6	10/13	10/20	10/27	11/3	11/10	11/17	12/1
Saturday	10/7	10/14	10/21	10/28	11/4	11/11	11/18	12/9

***2<sup>nd</sup> Semester dates are as follows:***

Friday	12/8	12/15	12/22	1/5	1/12	1/19	1/26	2/9
Saturday	12/16	12/23	1/6	1/13	1/20	1/27	2/10	2/17

***3<sup>rd</sup> Semester dates are as follows:***

Friday	2/16	3/2	3/9	3/16	3/23	4/13	4/20	4/27
Saturday	3/10	3/17	3/24	4/7	4/14	4/21	4/28	5/5

*Checks should be made payable to Cantiague Figure Skating Club and dropped off or mailed to:*

*Cantiague Park 480 W. John St. Hicksville, NY 11801 Att: Learn To Skate*

Participant acknowledges that every sporting activity involves risk of injury. It is agreed that the skater and family holds the Cantiague Figure Skating Club, its instructors and officers harmless from any and all liability for injuries or loss of property. The undersigned skater or parent/guardian acknowledges that photographs and or videos or likeness of the skater may be takes and may be used and reproduced by the Club in marketing and or promotional material, print, and internet media including social media and any other reasonable use.

Skaters Name: \_\_\_\_\_ Skating Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

***For further info: Email [cantiaguelts@gmail.com](mailto:cantiaguelts@gmail.com) or call Denise Williams 516-325-4305***