

Participant's Name								
-	Last	First		Date of Birth				
Address	С	ity/Town	State	Zip				
Parent's Name								
	Last	First	Home#	Cell#				
Email Address: _								
Credit Card Info	ormation							
Card Type (MC, Visa, Amex, Disc)Card #			Expiration _	Name on Card				
Registration for	Edge Skating Prog	rams (Please mark or circ	:le programs – can als	o register at www.theedg	gesportscenter.com)			

Group Lessons – Lessons are 40 minutes in length with 10 minutes of Free Time

Ice Skating Program 2023-2024 Season

Group Lessons – Lessons are 40 minutes in length with 10 minutes of Free Time

Fall 2023	Saturday	9/23/23 - 11/18/23	2:40 – 3:50 PM	8 Weeks	\$255	No Class 10/7
Winter 1 and 1/13	Saturday	12/2/23 - 2/10/24	2:40 – 3:50 PM	8 Weeks	\$255	No Class 12/23, 12/30
Winter 2	Saturday	3/2/24 - 5/11/24	2:40 – 3:50 PM	9 Weeks	\$285	No Class 4/13 and 4/20
Spring	Monday	5/20/24 - 7/8/24	5:20 – 6:50 PM	7 Weeks	\$225	No Class 5/27
Summer	Monday	7/15/24 - 8/19/24	5:20 – 6:40 PM	6 Weeks	\$195	

Every skater must register yearly with USFS headquarters (Year runs 7/1/23 - 6/30/24). In order to do this: Required for all skaters

• Go to at www.LearntoskateUSA.com, click on Membership Benefits, Register and pay with credit card

LTS USA Membership Number (2023-2024 Season): _____

We will place skaters at the appropriate level during the first session. We recommend you provide your own safety equipment including a helmet and pads.

Release Form: Must be read and signed by parent or guardian

As parent/guardian of the above named child, I hereby grant permission for him/her to participate in the activities of The Edge Sports Center. I hereby waive, release and forever discharge said The Edge Sports Center, it's officers, members, agents, representatives and employees from all claims and demands which I, my heirs, executors and administrators, and those of the above named child have or may have by reason of any personal injury or injuries, property damage or damage of any nature whatsoever resulting from the participation of the above named child, or parent or guardian, in the activities of The Edge Sports Center and any consequences arising there from. Further, any parent or guardian skating during any portion of this program also complies with the release language included herein.

Parent/Guardian Signature: _____ Date: _____ Date: _____ Date: _____ Detes send completed form and payment to: The Edge Sports Center, 191 Hartwell Rd., Bedford, MA 01730. Classes may be cancelled due to inclement weather. No make-up dates due to weather cancellation or missed classes.