# *TOTS*

For beginners, ages 3 yrs and up with skaters grouped according to age and ability in a 10 to 11 –week session.

Day: **MONDAY MORNINGS**
Term: September 14 – November 16
Ten (10) weeks
Time: **10:20 – 11:20 am**
**Cost: $200 per person**

Day: **TUESDAY AFTERNOONS**
Term: September 8 – November 17
Eleven (11) weeks
Time: **1:10 – 2:10 pm**
**Cost: $220 per person**

Day: **THURSDAYS**
Term: September 10 – November 12
Ten (10) weeks
Time: Mornings **10:20 – 11:20 am** **or**
Afternoons **1:10 – 2:10 pm**
**Cost: $200 per person**

Day **FRIDAYS**
Term: September 11 – November 20
Eleven (11) weeks
Time: Mornings **10:20 – 11:20 am** **or**
Afternoons **1:10 – 2:10 pm**
**Cost: $220 per person**

**Tots Hockey Fridays**
September 11 – November 20
**1:10 – 2:10 pm $264 per person**

# *BASIC SKILLS*

This program provides basic ice skating instruction, focused on building skills, creating confidence and having fun. Skaters are grouped according to age and ability –kids only in a 11 week session.

Day: **FRIDAY EVENINGS**
Term: September 11 – November 20
Eleven (11) weeks
Time: **5:00 – 6:00 pm**
**Cost: $264 per person**

**Creative Skating: Fridays 5:00 – 6:00pm**
**11 Weeks: $308**

Day: **SATURDAY MORNINGS**
Term: September 12 – November 21
Eleven (11) weeks
Time: **9:50 – 10:50 am**
**Cost: $264 per person**

**ASPIRE Skater Development Saturdays**
**-Off-ice Conditioning** 9:50 am – 10:50 am $154
**-Rising Stars** 11:00 am – 12:00 pm $330

Day: **SUNDAY EVENINGS**
Term: September 13 – November 22
Eleven (11) weeks
Time: **3:50 – 4:50 pm** **or**
**5:00 – 6:00 pm**
**Cost: $264 per person**

**PRIVATE LESSONS**

If you are interested in private or semi-private skating lessons, please call one of our Co-Directors to discuss your options.

**Call Andrea or Arlene (978) 684-7203**.

# *Fall 2026 REGISTRATION FORM*

Registrant's Name_____ Email_____

Street_____ City_____ State_____ Zip_____

Home Phone_____ Daytime Phone_____

Gender: Male Female Date of Birth_____

Parent/Guardian's Name _____ Current Badge Level _____

How did you hear about our programs? _____

**PROGRAM** (Please ***CIRCLE*** your preferred time) **AMOUNT**

_____ **Tot Lessons** Mondays 10:20 am

Thursdays 10:20 am Thursdays 1:10 pm **Fee - $ 200** _____

Tuesdays 1:10 pm Fridays 10:20 am Fridays 1:10 pm **Fee - $ 220** _____

_____ **Basic Skills** **Fee - $264** _____

Fridays 5:00 pm Saturdays 9:50 am

Sundays 3:50 pm Sundays 5:00 pm

**TOTAL** - _____

**Release of Liability**

I am aware that the hazards of ice skating may include serious injury to bones, joints, ligaments, muscles, tendons and other parts of the muscular skeletal system; and serious injury or impairment to organs and other parts of my body, with impact on my health and general well being. I am/my child is physically able to participate in the activities of this program and is covered by health insurance, as identified on this registration form. In consideration of the Academy permitting me to register for this program, I hereby voluntarily assume all risks associated with participation in this program and agree to hold harmless the Academy, its agents, trustees, officers, and employees from any and all liability, claims, causes of action or demands of any kind and any nature whatsoever which may arise from or in conjunction with my participation in this program, except in the event of gross negligence. The terms of this Agreement shall serve as a release and assumption of risk for me and all members of my family listed on this application.

_____ _____
Signature (Parent/Guardian, if under 18 years of age) Date

**METHOD OF PAYMENT** ____ Cash ____ Check #_____ Amount Received: _____

____ Credit Card Amount Charged: _____

Visa MC Card # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expires _____

I hereby authorize Phillips Academy to charge my credit card the amount listed above._____
Cardholder Signature