

TOTS

For beginners, ages 3 yrs and up with skaters grouped according to age and ability in a 9 - 10 week session

Day: **MONDAY MORNINGS**
 Term: April 6 - June 8
Off May 25
 Nine (9) weeks
 Time: **10:20 - 11:20 am**
 Cost: **\$180 per person**

Day: **TUESDAY AFTERNOONS**
 Term: April 7 - June 9
 Ten (10) weeks
 Time: **1:10 - 2:10 pm**
 Cost: **\$200 per person**

Day: **THURSDAYS**
 Term: April 9 - June 11
 Ten (10) weeks
 Time: Mornings **10:20 - 11:20 am** or
 Afternoons **1:10 - 2:10 pm**
 Cost: **\$200 per person**

Day: **FRIDAYS**
 Term: April 10 - June 12
 Ten (10) weeks
 Time: Mornings **10:00 - 11:00 am**
 Cost: **\$200 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 this 10 week session.

Day: **FRIDAY EVENINGS**
 Term: April 10 - June 12
 Ten (10) weeks
 Time: **5:30 - 6:30 pm**
 Cost: **\$240 per person**

Day: **SATURDAY MORNINGS**
 Term: April 11 - June 13
 Ten (10) weeks
 Time: **11:20 am - 12:20 pm**
 Cost: **\$240 per person**

Day: **SUNDAY EVENINGS**
 Term: April 12 - June 14
 Ten (10) weeks
 Time: **5:00 - 6:00 pm**
 Cost: **\$240 per person**

Skater Development Saturdays
-Off-ice Conditioning 11:20 am - 12:20pm \$120
-Rising Stars 12:30 pm - 1:30 pm \$300

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.

Late Spring 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? _____

<u>PROGRAM</u>	(Please <u>CIRCLE</u> your preferred time)	<u>AMOUNT</u>
_____ Tot Lessons	Mondays 10:20 am	Fee - \$ 180 _____
	Thursdays 10:20 am Thursdays 1:10 pm	
	Tuesdays 1:10 pm Fridays 10:00 am	Fee - \$ 200 _____
_____ Basic Skills	Fridays 5:30 pm Saturdays 11:20 am	
	Sundays 5:00 pm	Fee - \$ 240 _____
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