TOTS

For beginners, ages 3 yrs and up with skaters grouped according to age and ability in a 6 to 8 – week session.

Day: **MONDAY MORNINGS**
Term: November 23 – January 18
Eight (8) weeks **(OFF 12/28)*
Time: **10:20 – 11:20 am**
Cost: $160 per person

Day: **TUESDAY AFTERNOONS**
Term: November 24 – January 19
Eight (8) weeks **(OFF 12/29)*
Time: **1:10 – 2:10 pm**
Cost: $160 per person

Day: **THURSDAYS**
Term: December 3 – January 21
Six (6) weeks **(OFF 12/24, 12/31)*
Time: Mornings **10:20 – 11:20 am <u>or</u>**
Afternoons **1:10 – 2:10 pm**
Cost: $120 per person

Day **FRIDAYS**
Term: December 4 – January 22
Seven (6) weeks **(OFF 12/25, 1/1)*
Time: Mornings **10:20 – 11:20 am <u>or</u>**
Afternoons **1:10 – 2:10 pm**
Cost: $120 per person

<u>Tots Hockey Fridays</u>
December 4 – January 22
1:10 – 2:10 pm $144 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 5-8 week session.

Day: **FRIDAY EVENINGS**
Term: December 4 – January 22
Five (5) weeks **(OFF 12/11, 12/25, 1/1)*
Time: **6:10pm – 7:10pm**
Starts *5:00pm on 12/18
Cost: $120 per person

<u>Creative Skating:</u> Fridays 6:10pm
Cost: $140 per person

Day: **SATURDAY MORNINGS**
Term: December 5 – January 23
Seven (7) weeks **(OFF 12/26)*
Time: **10:50 – 11:50 am**
Cost: $168 per person

<u>ASPIRE Skater Development Saturdays</u>
-Off-ice Conditioning 10:50 am – 11:50 am $98
-Rising Stars 12:00 pm – 1:00 pm $210

Day: **SUNDAY EVENINGS**
Term: November 29 – January 24
Eight (8) weeks **(OFF 12/27)*
Time: **3:50 – 4:50 pm <u>or</u>**
5:00 – 6:00 pm (Adults welcome)
Cost: $192 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.

Winter I 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 Tuesdays 1:10 pm **Fee - $ 160** _____

Thursdays 10:20 am Thursdays 1:10 pm **Fee - $ 120** _____

Fridays 10:20 am Fridays 1:10 pm **Fee - $ 120** _____

_____ **Basic Skills** Fridays 5:00 pm **Fee - $120** _____

Saturdays 10:50 am **Fee - $168** _____

Sundays 3:50pm Sundays 5:00 pm **Fee - $192** _____

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

<u>METHOD OF PAYMENT</u> ____ 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