2011-2012 VRD Skating Lessons Registration Form

Learn to Skate Basic Skills ($60 each session)
Class is 45 minutes on Wednesdays
*Levels 1, 2, and 3 offered during both classes
**Levels 4 and 5 only offered during 4:15 class

Session 1	_____3:30pm	_____4:15pm	Sept. 14-Oct. 12
Session 2	_____3:30pm	_____4:15pm	Oct. 19-Nov. 16
Session 3	*Holiday Skating Show—Separate Registration*		
Session 4	_____3:30pm	_____4:15pm	Jan 4-Feb. 1
Session 5	_____3:30pm	_____4:15pm	Feb. 8-Mar. 7
Session 6	_____3:30pm	_____4:15pm	Mar. 14-Apr. 11

Basic Level tests will take place during the 5th class of each session.

Jr. Prep/Jumps/Spins ($100 each session)
Class is from 4:15pm-5:45pm on Mondays—Level 6 and higher
(this includes 30 minutes instruction plus 1 freestyle session)

Session 1	_____Sept. 12-Oct. 10
Session 2	_____Oct. 17-Nov. 14
Session 3	*Holiday Skating Show—Separate Registration*
Session 4	_____Jan. 2-30
Session 5	_____Feb. 6-Mar. 5
Session 6	_____Mar. 12-Apr. 15

SKATERS NAME_____PHONE #_____

EMAIL_____ LEVEL_____

PARENT'S NAME_____

AMOUNT DUE $ _____

PAID $_____ON _____CHECK #_____ CASH_____

*If paying by check, please make payable to V.R.D. (Vail Recreation District)

VISA/MC/Amex#_____EXP_____

NAME ON CREDIT CARD (PLEASE PRINT):_____

I acknowledge that the activity set forth contains dangers and risks, and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any cause whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release the Vail Recreation District, the Town of Vail, and their officers, employees, agents, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused by the use of equipment I may rent form the Vail Recreation District or the Town of Vail. I also authorize and consent to any emergency treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed, and such opportunities may be used to publicize activities.

AUTHORIZED
SIGNATURE:_____