

ALEXANDRIA FIGURE SKATING CLUB

2019 SUMMER - LEARN TO SKATE USA – CLASSES

FIRST NAME _____ LAST NAME _____
 BIRTHDATE _____ AGE _____ GENDER _____
 ADDRESS _____ City _____ ST _____ ZIP _____
 EMAIL ADDRESS(print legibly) _____ TOWNSHIP _____
 PARENT OR GUARDIAN NAME _____ HOME PHONE # _____
 ADDRESS (Alternate or Same as above) _____ CELL PHONE# _____
 MEDICAL DOCTOR _____ PHONE # _____
 ALLERGIES OR MEDICAL ISSUES THE AFSC SHOULD BE AWARE OF _____
 TO RECEIVE MASS E MAILS – PLEASE SIGN UP AT – www.alexandriafigureskating.org

GROUP A: CLASS 6:15-6:45pm Practice 6:45-7:00pm **GROUP B: BRIDGE PROGRAM: Practice 6:45-7:00pm CLASSES 7:00-7:45pm**
 Please note: Hockey Skills are offered at 2 times (see below) HOCKEY SKILLS: Practice 6:45-7:00 pm; Class 7:00-7:30 pm

CLASSES-GROUP A	MONDAYS	8 WEEKS	6:15-7:00 pm	June 10 to July 29, 2019	COST
SNOWPLOW SAM 1 – 4 Ages 4 & 5 (Preschool) Divided by age and/or level already passed. \$58 \$ _____					
BASIC 1 – Ages 5 & Up, will divide by ages. (Kindergarten and up) \$58 \$ _____					
BASIC 2	BASIC 3	BASIC 4	Please X level		\$70 \$ _____
HOCKEY SKATING SKILLS , Age 6 & Up			LEVEL 1	LEVEL 2	Please X level \$70 \$ _____
ADULT SKATING 1-6 Placed according to ability and will progress at your own rate.					\$70 \$ _____

CLASSES-GROUP B	MONDAYS	8 WEEKS	see above for times	June 10 to July 29, 2019	
BRIDGE PROGRAM introduces other aspects of skating into a group setting other than their group level. Please X level					
BASIC 5	BASIC 6	PRE-FREESKATE	FREESKATE 1	FREESKATE 2	FREESKATE 3
					\$99 \$ _____
HOCKEY SKATING SKILLS , Age 6 & Up			LEVEL 3	LEVEL 4	Please X level \$70 \$ _____

SKATING DISCIPLINES	THURSDAYS	10 weeks	6:30-7:00 pm	June 13 to Aug. 29 (No ice 7/4 or 8/15)	\$75 \$ _____
For Skaters BASIC 5 & UP – Try it all; Power, Edges, Stroking, AIM, Jumps & Spins, Etc.					
OFF ICE JUMPS CLASS	THURSDAYS	10 weeks	8:15-8:45 pm	June 13 to Aug. 29 (No class 7/4 or 8/15)	\$50 \$ _____
For Skaters in Freeskiate 2 & Up – work on proper form and jumping techniques					

TRY FOR FREE THE FIRST NIGHT – SEE IF YOU LIKE IT **TOTAL CLASS FEES \$** _____

Membership Fee is Paid Once Per Season – New Season Starts Now (July 1, 2019 to June 30, 2020)
2019-2020 Learn to Skate USA Member Fee (non-refundable) \$25 \$ _____
GUEST FEE (a skater that is a member of another club & AAHA Members only) \$20 \$ _____
GUEST FEES EXEMPT YOU FROM FUNDRAISING AND ARE PAYABLE WITH EACH FORM

LATE FEE – Signing up June 4 or after - \$10 \$ _____

REGISTRATION DEADLINE – JUNE 3, 2019 **TOTAL CLASS AND FEES DUE \$** _____

PAID IN FULL (circle) CASH/DEBIT/CHECK # _____

PAYMENTS MAY BE MADE VIA DEBIT OR CREDIT CARD – NO PAYMENT PLAN ON CLASSES FOR ONE SKATER

Payments may be made if you have more than one skater or your skater has signed up for multiple classes and/or private ice.
 1st half \$ _____ Cash/Debit/Check# _____ 2nd half \$ _____ Cash/Debit/Check # _____
DUE NOW (by JUNE 3, 2019) **DUE JULY 1, 2019**

I hereby give permission for the above-named skater to skate and/or participate in any activity at the Runestone Community Center as a member of the Alexandria Figure Skating Club and waive any claims or damages, injuries, or loss of personal property incurred by the participant while taking part in the activities referred to on this class form. I hereby release and hold harmless the AFSC coaches and volunteers for injury occurring during lessons or practice. The undersigned also agrees to be responsible and pay promptly for all group lessons or ice time for the skater in order to remain a member in good standing. The AFSC has permission to call for medical assistance in case of emergency in the event the parent is unavailable at the rink. I also understand that photographs may be taken of the skaters and used in newsletters, scrapbooks, or for club promotions. PLEASE review the current Parent & Student Handbook on the AFSC website with your skater. Volunteerism and fundraising is necessary to the success of our organization and will be expected, but kept to a minimum. By signing below, you are acknowledging that you have read this paragraph and agree to its terms. If you are a guest or an AAHA member and do not pay the guest fee above, you will be obligated to fundraise.

 Signature of Parent or Guardian Date
PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS! Mail to AFSC, P. O. Box 471, Alexandria, MN 56308
Questions? Email kjuettner02@gmail.com or 320-852-3365