



# Learn to Skate REGISTRATION FORM Fall 2021

**Session 1: 9/16/21-10/21/21**  
**Session 2: 11/4/21-12/16/21**

**\* No lesson scheduled on Thanksgiving 11/25/2021**

**Skater Information :**

Name of Skater \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
USA Learn to Skate #  Phone \_\_\_\_\_ Email: \_\_\_\_\_  
Special Health Needs \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Information :**

Parent / Guardian \_\_\_\_\_  
(Last) (First)  
Address: \_\_\_\_\_ Email\*: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone(s) : \_\_\_\_\_

We will send information via email, Please include current email :

Please circle amount you are paying

**\$60 Skaneateles/Auburn YMCA members \$72 Non-members/General public**

\*\* USA Learn to Skate membership is needed to participate \$16.00 + \$1.25 processing fee- This needs to be completed before registering for lessons. Please register at [learntoskateusa.com](http://learntoskateusa.com)

**Level:** Beginner (no experience) \_\_\_\_ Intermediate ( some experience) \_\_\_\_ Advanced \_\_\_\_

**Thursday 5:30-6:30 pm—20 minute group lessons will be scheduled during this time after evaluation.**

\* Please stay updated on masking protocols

**AGREEMENT**

I understand that the YMCA-WEIU is guided by the values of honesty, caring, respect and responsibility and I agree to abide by the policies and rules established by the Board of Directors and staff, including the Members Code of Conduct. I also understand that I participate in YMCA and Skaneateles Figure Skating Club activities and use YMCA & SFSC facilities and equipment at my own risk. The Auburn ( Skaneateles) YMCA does not carry individual accident insurance; if I become ill or injured from such use or participation, I must use my own insurance. I hereby certify that my I/My child is in normal health and capable of safe participation in this sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

\_\_\_\_\_  
Signature – (parental signature for minor child) \_\_\_\_\_ Date