



LEARN TO
SKATE
USA



Sign up Today
for

East Alton Ice Arena

Summer Learn-to-Skate Session 2020

Ice Skating ~ Figure Skating ~ Hockey

Day	Date	Time	Activity
Sunday	08/09/20	6p - 7p	Open House/Welcome
Sunday	08/16/20	3-4p	Class 1 - Class Placement
Sunday	08/23/20	3-4p	Class 2
Sunday	08/30/20	3-4p	Class 3
Sunday	09/06/20	3-4p	Class 4
Sunday	09/13/20	3-4p	Class 5 - Evaluation
Sunday	09/20/20	3-4p	Class 6
Sunday	09/27/20	3-4p	Class 7
Sunday	10/04/20	3-4p	Class 8 - Testing
Sunday	10/11/20	3-4p	Family Fun/Bring a Friend

Cost for the program is \$130 and includes:

30 minute Skating Lessons,

30 minute Practice Times,

Learn to Skate USA Membership,

Your personal copy of the Learn to Skate USA Skills Book

for questions regarding the Learn-to-Skate Program please contact:

Katie McKeon: 618-802-0175 or krhsk8@gmail.com

Summer Learn-to-Skate 2020

631 Lewis & Clark Blvd. East Alton, IL 62024
Ph: 618-254-7465 ext 230 fax: 618-254-7479

www.eastaltonicearena.org

Please check/circle the class you are registering for:

Not sure which class, please contact Katie

New Skater

Returning Skater

Snow Plow Sam: 1 2 3 – Skater's 3-5 years old

Basic Skills: 1 2 3 4 5 6 (circle level)

Hockey Skating Skills: 1 2 3 4

REGISTRATION FORM

*Please PRINT CLEARLY and fill out form completely. Incomplete forms will not be accepted.
Online Registration available*

SKATER'S NAME: _____ DATE OF BIRTH: _____

PARENTS NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-mail: _____

HOME PH: (____) _____ WORK PH: (____) _____ CELL PH: (____) _____

CONSENT WAIVER: I, the undersigned parent or legal guardian of the above named Skater do hereby give consent to the East Alton Ice Arena, and East Alton Civic Rink Management, Inc. its agents, officers and representatives for emergency medical treatment to be rendered to the above named Skater in event of injury occurring in the course of participation in the East Alton Ice Arena Learn to Skate Session. I further state that I am aware that ice skating is a physically demanding sport and knowing this gives the above named Skater to fully participate in this Learn to Skate Session. I release the East Alton Ice Arena, and East Alton Civic Rink Management, Inc., its agents, officers and representatives from any liability for injuries or other loss as a result of such participation. Furthermore, I agree to abide by the rules and regulations as set forth by the East Alton Ice Arena, as they pertain to this Learn to Skate Session. I further state that I have attached, INITIAL IF ATTACHED, () a statement of any disabilities, disorder or medical conditions or limitations for the above named Skater.

SIGNED (PARENT OR GUARDIAN) _____ **DATE** _____

MAIL, DROP OFF OR FAX COMPLETED FORM WITH YOUR PAYMENT TO:
We accept, cash, Mastercard, Visa, Discover, checks; PAYABLE TO: EAST ALTON ICE ARENA
East Alton Ice Arena, 631 Lewis & Clark Blvd. East Alton, IL 62024

Date Rec'd: _____ Amount: _____ Method of Payment: _____ Chk/Recpt#: _____ Received By: _____

Sorry, No Refunds or Pro-Rating will be allowed.



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Fall/Winter Learn-to-Skate Session 2020

Ice Skating ~ Figure Skating ~ Hockey

Day	Date	Time	Activity
Sunday	10/11/20	3-4p	Open House/Welcome
Sunday	10/18/20	3-4p	Class 1 - Class Placement
Sunday	10/25/20	3-4p	Class 2
Sunday	11/01/20	3-4p	Class 3
Sunday	11/08/20	3-4p	Class 4
Sunday	11/15/20	3-4p	Class 5 - Evaluation
Sunday	11/22/20	3-4p	Class 6
Sunday	11/29/20	3-4p	Class 7
Sunday	12/06/20	3-4p	Class 8 - Testing
Sunday	12/13/20	3-4p	Christmas Show

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(circle level)*

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Hockey Skating Skills: 1 2 3 4

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STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-mail: _____

HOME PH:(_____)_____ WORK PH: (_____)_____ CELL PH: (_____)_____

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