Give Yourself an Edge

Hockey Skating Skills Development

Tuesday's
6:20-6:50 p.m.

9/30, 10/7, 10/14, 10/21, 10/28, 11/4

at the Midland Civic Arena, 405 Fast Ice Drive, Midland, MI 48642

$60 for all 6 weeks
(or $11 drop-in per week)

Plus once yearly $12 insurance fee, valid through 6/30/15

The sport of figure skating relies heavily on manipulating the edges of the skate blade in every direction possible - quickly, efficiently, and with superb balance and control. The same basic principles that underlie figure skating can give you an edge - so to speak - on your competition. Our skating skills class for hockey will train your edge control, balance and center over the blade, accuracy of your steps as well as efficient power generation.

STRENGTH  POWER  EDGES  TURNS

Sponsored by the Midland Figure Skating Club
Skater: ______________________  M  F  DOB: ___________  Age: ___
Address: _____________________  Home Phone: ______________
City: _________________________  Zip Code: ___________________
Parent/Guardian: ______________
Cell #: _________________________  Work #: _______________  

Are you new to our program? YES / NO
If no, current USFS #: _______________

Hockey Level: _____________________
Length of Skating Experience: ________
If previous MFSC Basic Skills experience, highest level completed: ___________

PARENTAL/SKATER CONSENT AND WAIVER OF RESPONSIBILITY

I, the undersigned parent/guardian or adult skater, agree to assume the risks of participating in the Midland Figure Skating Club Learn-to-Skate Program, and waive all claims for any personal injury and/or loss or damage to property. I hereby release the Midland Figure Skating Club, its board, members, instructors, coaches, employees and agents from any liability whatsoever, which may arise as a result of participation in the program. In the event that I am unable to be reached for immediate authorization during an emergency, I agree to hold harmless any hospital and its staff, and give permission for my child / myself to be treated by a local physician.

I understand and accept that refunds will not be offered for any reason, including medical, that the discretion of the Skating Director and instructors determines class placement for all skaters, and that skaters may be removed from activities if their behavior is deemed inappropriate or unsafe to themselves or others.

I understand and accept that it is the responsibility of the parents to pick up their children promptly at the end of class, and that the Midland Figure Skating Club, its board, members, instructors, coaches, employees and agents will not be held responsible for children left unattended.

I acknowledge that the Midland Figure Skating Club reserves the right to use photographs and/or video taken for advertising and/or instructional purposes.

I have read the waiver and hereby approve and consent to the terms and conditions stated. I further represent that I am the parent or legal guardian of the registrant(s) or that I am the adult skater, and that the information given on the registration form is complete and accurate, and I consent to the participation of the skater(s) listed.

Name of Skater  _________________________  Signature of Parent, Guardian or Adult Skater  _________________________  Date  _________________________

Emergency Contact Name  _________________________  Phone  _________________________  Relationship to Skater  _________________________

Doctor’s Name  _________________________  Phone  _________________________  Existing Medical Conditions  _________________________