

# 2009 Advanced Learn to Skate Programs

## 7 Week Class Series - Jumps and Spins

**Only  
\$107**

### Includes

1/2 Hour on ice class instruction  
Practice Time to Follow on public session  
Evaluation of Skills on the 7th Class

US Figure Skating Association Basic Skills Membership  
Skate Rental

**\*\*No Refunds or make ups for missed classes**

### Tuesday

6:00pm - 6:30pm

All levels

Practice 6:30pm - 8:00pm

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March 3rd - April 14th

May 5th - June 16th

July 7th - August 18th

September 8th - October 27th

no class October 6th

### Saturday

12:45pm - 1:15pm

All Levels

Practice 1:15pm - 5:15pm

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March 7th - April 18th

May 2nd - June 13th

June 27th - August 15

September 5th - October 24th

no class July 4th  
no class October 10th

OR

CASTLE ICE 12620 164TH AVE SE RENTON WA 98059 PHONE (425)254-8750

Registration is due 3 days prior to class start date:

(late registrations will be assessed a \$20 late fee)

Name: \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Class Start Date and Time: \_\_\_\_\_

I, \_\_\_\_\_ the parent of  
\_\_\_\_\_ do hereby give my consent to any  
authorized physician to perform such medical services as may be necessary because of my  
participation of my child in the Castle Ice Arena activities. I do further hereby release, absolve,  
indemnify and hold harmless Castle Ice Arena, the officers, board members, coaches, supervisors,  
appointed by them or any authorized physician. I understand that the term "authorized" physician  
means not only our own physicians but any other licensed, participating physician who is called  
to perform the required medical services.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_