

# LEARN TO SKATE CLASSES AT IORIO ARENA

with  
Caryn Sylvestre Director



PRE- REGISTRATION IS REQUIRED- This ensures we are staffed accordingly

## CLASSES OFFERED FOR THE SPRING 2012

### SPRING 2012

**MONDAY 4:10pm-5pm** Ages 4yrs-  
16 COST \$160.00 (8 weeks)  
April 16, 23, 30  
May 7, 14, 21, NO ICE MAY 28  
June 4, 11- LAST DAY

**THURSDAY TOTS 12- 12:50-** Ages  
3yrs-6yrs. COST: \$120.00 (8  
weeks)  
April 19, 26  
NO ICE MAY 3  
May 10, 17, 24, 31  
June 7, 14- LAST DAY

**FRIDAY TOTS 12:00-12:50pm**  
**MOMMY & ME** Ages 2yrs-6yrs  
COST \$ 105.00 (7 weeks)  
April 20, 27  
NO ICE MAY 4  
May 11, 18, 25  
June 1, 8- LAST DAY

**SATURDAY Learn 2 Skate**  
**10:10am-11am** Ages 4yrs-16yr  
COST \$100.00 (5 weeks)  
April 21, NO ICE APRIL 28  
NO ICE MAY 5  
May 12, 19, NO ICE MAY 26  
June 2, 9- LAST DAY

### GENERAL INFORMATION:

- \*\* Skates must be sharpened prior to stepping on ice
- \*\* HELMETS REQUIRED
- \*\* Parents are NOT allowed on MONDAY or SATURDAY sessions
- \*\* Figure Skates are *PREFERRED*- Contact the Director for information

In consideration of my participation in any Iorio Arena at Walpole L L C Program or Basic Skills activity, I acknowledge that I understand the nature of the activity and that I and/or my child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and/or my child will immediately discontinue participation in the activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, and/or by others participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below: and that there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity. I hereby release, discharge, and covenant not to sue Iorio Arena at Walpole L L C, their administrators, directors, agents, officers, volunteers, and employees, (each considered one of the Releases herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or willful or wanton misconduct of Releases. **I f I , or anyone on my and/or my child's behalf, makes a claim, I agree I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which may be incurred as the result of such claim.**I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it. I also accept all financial responsibility for the contracted sessions. I UNDERSTAND that I will NOT receive a RE FUND for any circumstance. **\*\*\*PLEASE NOTE WE DO NOT OFFER MAKE UP DAYS OR REFUNDS FOR ANY REASON- THAT INCLUDES ILLNESS-** by signing the release below you agree to these terms.

Parent Signature\_\_\_\_\_

INDIVIDUAL REGISTRATION FEE \$15.00 \_\_\_ YES! I would like to become a member of UNITED STATES BASIC SKILLS PROGRAM -one time yearly fee- please include with TOTAL\$\_\_\_\_\_   
 \_\_\_NO THANK YOU- I DO NOT WISH TO BE A MEMBER OF UNITED STATES BASIC SKILLS PROGRAM

NAME\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_   
 ADDRESS\_\_\_\_\_ Town\_\_\_\_\_ ZIP \_\_\_\_\_   
 PHONE NUMBER\_\_\_\_\_ CELLNUMBER\_\_\_\_\_   
 EMAIL ADDRESS\_\_\_\_\_   
 PLEASE INDICATE THE CLASS DAY AND TIME DESIRED\_\_\_\_\_   
 PLEASE INDICATE THE SKATING LEVEL OF YOUR CHILD IF ANY   
 NEW/NEVER BEEN ON SKATES\_\_\_\_\_

Please (circle) highest test level passed:  
 Snow Plow Sam 1 2 3                      Basic 1 2 3 4 5 6 7 8                      Freestyle 1 2 3 4 5

Mail Forms to:  
 CARYN SYLVESTRE/ DIRECTOR (CHECKS PAYABLE TO IORIO ARENA)  
 67 PINE GROVE CIRCLE  
 UXBRIDGE, MA 01569

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 Office Use Only INDIVIDUAL MEMBERSHIP PAID \_\_\_\_\_ TOTAL AMT PD \$ \_\_\_\_\_  
 DATES ENROLLED \_\_\_\_\_