



SUNDAY GROUP LESSONS 2016-2017

Class 1 (3:05 p.m. – 4:05 p.m.) or Class 2 (4:05 p.m. – 5:05 p.m.)
30 mins of Instruction followed by 30 mins of Practice

6 Week Session - \$100.00, 4 Week Session (V Only) - \$70.00

SESSION I (6 weeks)

September 18th - October 23rd

SESSION II (6 weeks)

October 30th – December 4th

SESSION III (6 weeks)

January 8th – February 12th

SESSION IV (6 weeks)

February 19th – March 26th

SESSION V (4weeks)

April 2nd – April 30th

No Class 4/16

Delaware County Skating Club (DCSC) Basic Skills Membership is required for all group lesson participants. Complete the DCSC Basic Skills Membership form and submit a separate check payable to DCSC. This is a one-time per person per season fee of \$25.00 per skater. The Group Lesson season runs from September 1st thru August 31st.

THERE IS A 10% DISCOUNT TO SECOND FAMILY MEMBER OR FOR 2ND CLASS PER WEEK, 20% DISCOUNT TO ANY SKATER ENROLLING IN FOUR or FIVE SESSIONS.

Please send payment and completed form to:

Skatium, 1002 Darby Road, Havertown, PA 19083, Attn: Kristin Caparra

Call (610)853-2085 or E-mail kc.skatium@yahoo.com for more info

Name _____ Phone (Day) _____ (Eve) _____

Address _____

Age _____ Emergency Contact _____ Phone _____

Indicate Class Time: _____ 3:05 p.m. _____ 4:05 p.m. (No 4:05 Classes during Session I)

Circle Session Number I II III IV V

Previous Lesson Experience _____ None _____

Level passed at last group lesson _____



Delaware County Skating Club, USFS Member Club #1107
Skatium | 1002 Darby Road | Havertown, PA 19083

IN CONSIDERATION OF THE APPLICANT BEING PERMITTED TO REGISTER AND PARTICIPATE IN SKATIUM GROUP LESSONS UNDER THE AUSPICES OF DELAWARE COUNTY SKATING (DCSC), I/WE DO FOREVER RELEASE, INDEMNIFY, PROTECT, HOLD HARMLESS, AND DISCHARGE SKATIUM, DCSC, TOWNSHIP OF HAVERFORD, THEIR DIRECTORS, INSTRUCTORS, AND EMPLOYEES FROM ALL MANNER OF ACTION, INJURY, DAMAGE, COSTS, CLAIMS, OR DEMANDS WHICH MAY ARISE AS A RESULT APPLICANT'S USE OF SKATIUM FOR GROUP LESSONS. THIS RELEASE AND INDEMNITY SHALL BE BINDING ON ALL HEIRS, EXECUTORS, SUCCESSORS, ADMINISTRATORS, AND ASSIGNS. IT IS FURTHER AGREED THAT THE SKATIUM/DCSC SHALL NOT BE CONSIDERED TO GUARANTEE OR WARRANT SUCH EQUIPMENT AS MAY BE USED IN THE CONDUCT OF SAID GROUP LESSONS.

Parental (Skaters over 18) Signature _____



DELAWARE COUNTY SKATING CLUB 2016/2017 SEASON
USFS Basic Skills – Group Lesson Application

Welcome into the membership of DCSC, the United States Figure Skating (USFS) Member club based at the Skatium. Your membership is established by enrolling into the Group Lessons Program and affords you many benefits, such as reduced rate practice ice, opportunity to participate in sanctioned shows and exhibitions, as well as your own personal USFS Basic Skills Booklet! (The Booklet will be updated by a staff professional according to the skater's progress at the end of each session.)

Name of Skater _____ Date of Birth _____ Gender _____

Address _____ Zip _____

Email Address _____ Volunteer _____ Yes _____ No

Phone Number (Day/Evening) _____ US Citizen _____ Y or _____ No

Names of Parents/Guardians _____



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September 2016

Dear Parents:

As a club we sometimes submit press release with photos and information about our students' accomplishments to area newspapers. To streamline the permission process for using photos, names, and information with press releases, websites, and publications, I am asking parents of all ice skating students to sign a waiver now.

Please complete and sign the coupon below and return it to the Skatium – Coaches' office. If you prefer not to allow your child(ren)'s photos to be published, we will certainly respect your wishes. If you have any questions, please email/call Skating Director Kristin Caparra at kc.skatium@yahoo.com/ (610)853-2085.

Thank you for your attention to this matter.

Sincerely,

Karen Farinella,
President

Please CIRCLE your preference below for each:

Media Organizations:

I *give / deny* permission to the Delaware County Skating Club to send public relations information and/or photo of my child(ren) to media organizations (newspapers, television, etc.).

World Wide Web:

I *give / deny* permission to the Delaware County Skating Club to post a photo with my child(ren) on the club's website on the World Wide Web. These photos may include a caption with your child's name.

Club Publications:

I *give / deny* permission to the Delaware County Skating Club to use my child's photo in club publications which will be available to new or potential members.

Please PRINT information below:

Family Name _____
Child(ren)'s Name(s): _____
Parent's signature _____ Date: _____