

Classes - Sept. 6^h – Sept 29th 2011

Beginners & Tots

Tues and/or Thur. 4:00-4:30

Intermediate

Tues. and/or Thur

3:35-3:55 off ice warm-up

4:00-5:00 Choreography / Jumps and Spins

Advanced/Ensemble

Mondays 4:30-5:30

Tuesdays and/or Thursdays

3:35-3:55 off ice warm-up

4:30-5:00 Edges, Jumps and Spins

5:00-5:30 Choreography

Adult only

Tuesday 3:30-4:00 Advanced Beginner

Off-Ice

Tues 5:45-6:30 Conditioning

**Classes may be cancelled or combined if less than 3 people sign up.*

For more info on classes, private lessons, Birthday parties or private performances call Beth: (845) 626-4596 or email:

Beth@BoundlessEdge.com

www.BoundlessEdge.com

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
		Sept 6 Series Begins	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29 Series Ends	New Series	Begins 10/3

Registration Form

Date of Application _____

Phone #s Home _____ Work _____

Skater's Last Name _____ First Name _____ Age if under 21 _____

Highest Test Passed/ Experience _____

Parent(s) name(s) if under 18 _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Class Fees for 4 weeks

	Beginners 1/2hr class	Intermediate 1hr class	Advanced 1hr 20min class
__ 1x week	\$80 (\$20x4)	\$120 (\$30x4)	\$140 (\$35x4)
__ 2x week	\$152 (\$19x8)	\$224 (\$28x8)	\$272 (\$34x8)
__ 3x week			\$384 (\$32x12)
—Single class	\$25		

Seasonal Registration Fee: \$15

Class day, time and level: _____

Total Fees _____

Mail to: Beth Woronoff, P.O. Box 18, Accord, NY 12404

Please call with any questions: (845) 626-4596

Waiver and release: I/We the undersigned for myself, executors, administrators and assignees hereby waive and release and forever discharge Beth Woronoff and all instructors employed by Beth Woronoff and Saugerties Kiwanis Ice Arena from any and all actions, claims, liability, costs and expenses or any kind of damages, injuries, disability, death or loss of property which I or my child may sustain, directly or indirectly arising out of participation in the skating program. I/We understand that such observation of participation constitutes a risk of serious injury and hereby give permission to provide medical care in the event of illness or injury.

Signature _____