

January 31st – March 31st

Beginners & Tots

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

Intermediate

Tues.

3:45-4:15 off ice warm-up

4:30-5:00 Jumps and Spins

Thur

3:45-4:15 off ice warm-up

4:30-5:00 Choreography

Advanced/Ensemble

Tuesdays and 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

Free Skate- Tuesday & Thursday 3:30-5:30

Make-ups for classes missed can be done on any other day that a class at your level is offered.

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

Beth@BoundlessEdge.org

www.BoundlessEdge.org

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
		Jan 31	Feb 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19 Rights	20 of	21 Pass	22 age	23 Week	24	25
26	27	28	29	March 1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25 Skate School Show	26	27	28	29		

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 9 weeks

	Beginners 1/2hr class	Intermediate	Advanced
__ 1x week	\$180 (\$20x9)	\$225 (\$25x9)	\$315 (\$35x9)
__ 2x week	\$270 (\$15x18)	\$360 (\$20x18)	\$594 (\$33x18)
—Single class	\$25	\$30	\$40

Seasonal Registration Fee :\$15

Class day, time and level: _____

Total Fees _____

Make checks payable to Boundless Edge

Mail before January 26th, call for late registration.

Send to: Boundless Edge
Atten: Beth Woronoff
P.O. Box 18, Accord
NY 12404

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

Beth@Boundlessedge.com

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 _____