

October 1<sup>st</sup>-October 24th

# A Special Offer for Our New Students

Just fill out this registration form and mail or bring in, write the name of your friend on the form.

**Free Skate before and or after your lesson.  
Ice Time 3:30-5:30  
Tuesdays and/or Thursdays**

**Lesson  
4:00-4:30**

Students will be divided up into groups according to their age and level.

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

For more info call Beth:  
(845) 626-4596 or email:  
[Beth@BoundlessEdge.org](mailto:Beth@BoundlessEdge.org)  
[www.BoundlessEdge.org](http://www.BoundlessEdge.org)

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Oct.		1 4 wk Series Begins	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24		

## 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

Once a week                 \$40  
Twice a week                \$80

Class day and level: \_\_\_\_\_ **Total Fees** \_\_\_\_\_

Make checks payable to Boundless Edge

Mail before September 23rd, or 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.org

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.

\_\_\_ Check here if you give permission for photographs of your child to be taken and used on our website and news releases.

Signature \_\_\_\_\_