


Come Skate With Us!!!

Learn to Skate and
Skill Development Lessons to
Improve Skating Skills
for Hockey and
Figure Skating



Skating with friends is fun!




Central New Hampshire Skating Academy PO BOX 776, Belmont, NH 03220-0776 www.cnhskatingacademy.org daniel@cnhskatingacademy.org Phone: 603-226-5683

Central New Hampshire Skating Academy

At Laconia Ice Arena



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Welcome to Central New Hampshire Skating Academy!!

Program Costs:

Annual ISI Membership

\$35 ISI Membership per skater/sibling/parent. All skaters in skill development or utilizing practice ice.

Lessons

Thursday Skill Development

Session I: 9/8/2011-10/27/2011

5:30- 6:30 PM Lesson

8 wks \$100.00

Session II: 11/3/2011-12/22/2011

5:30- 6:30 PM Lesson

7 wks \$87.50

Session III: 1/5/2012-2/2/2012

5:30- 6:30 PM Lesson

5 wks \$62.50

Session IV: 2/9/2012-3/22/2012

(no lessons school vacation week)

5:30- 6:30 PM Lesson

6 wks \$75.00

Practice Ice(no sticks or pucks)

Walk on fee \$15.00 for the hour

Thursday Practice Ice

Session I: 9/8/2011-10/27/2011

6:30-7:30pm Practice Ice

8 wks \$120.00

Session II: 11/3/2011-12/22/2011

6:30-7:30pm Practice Ice

7 wks \$105.00

Session III: 1/5/2012-2/2/2012

6:30-7:30pm Practice Ice

5 wks \$75.00

Session IV: 2/9/2012-3/22/2012

(no ice school vacation week)

6:30-7:30pm Practice Ice

6 wks \$90.00

Show Fees

New this year, skaters must commit to practice times for show prep for either show they wish to perform in related to group performances. There will be a "show package" cost for each show that will pay for ice time, coaching, costumes and 2 tickets per family.

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Ages 3 to adult, basic thru advanced skating skills. Group classes using the (ISI) Ice Skating institute's weSkate™ program. Skaters will receive certificates or badges as they progress through levels Pre-Alpha to Freestyle or Hockey Skating skills. Tot program for under age 5 must have a parent or adult skate with them during class. Parent/adult must be an ISI member

Skating Shows

The club puts on one to two shows annually. The Annual Spread Your Wings and Soar Cancer Benefit Show supports local breast cancer victims and LRGH Oncology Program, and the end of year Spring Show where our skaters showcase the skills they have learned throughout this skating season.

Competition Team

Skating director Jen (Kaminski) Tondreau has instituted a competition team for any interested skater wishing to compete in events throughout the region. Skaters will be introduced to a private coach through Jen to help them prepare for competitions. Competitions, private coaching and ice time are additional expenses and are separate from the club's skill development classes and performances. Please see Jen or contact the club for more information.

For more information about the skating club,
visit us on the web
www.cnhskatingacademy.org



Registration

Please complete fields below.
Register by mail, online at www.cnhskatingacademy.org, or bring this sheet to the first night of the session.

Session I

Skill Development \$100.00

- Figure Skating Hockey
 Practice Ice \$120.00

Session II

Skill Development \$87.50

- Figure Skating Hockey
 Practice Ice \$105.00

- Annual Membership Fee
Skater \$35.00

Cancer Benefit Show Package \$170.00 Show Sat 11/5

- MUST commit to all
practice ice for the show

Sat 10/22 7-8a
Thurs 10/27 630-730p
Sat 10/29 7-8a
Thurs 11/3 630-730p
Sat 11/5 7-8a
Sat 11/5 5-6p

Session III

Skill Development \$62.50

- Figure Skating Hockey
 Practice Ice \$75.00

Session IV

Skill Development \$75.00

- Figure Skating Hockey
 Practice Ice \$90.00

- Annual Membership Fee
Parent (if applicable) \$35.00

Spring Show Package \$170.00 Show Sat 3/24

- MUST commit to all
practice ice for the show

Sat 3/10 7-8a
Thurs 3/15 630-730p
Sat 3/17 7-8a
Thurs 3/22 630-730p
Sat 3/24 7-8a
Sat 3/24 5-6p

Total Due:

Please Make Checks Payable to Central NH Skating Academy or "CNHSA" and mail to the address below. Alternatively, you may bring this completed registration sheet with you to the first day of the session or register online at www.cnhskatingacademy.org

Skater Name _____
Parent Name _____
Address _____

Phone/email _____

Media Release:

Throughout the season, we would like to record the accomplishments of our skaters. Shows and various skating activities are captured in pictures and video recordings. Our website, brochures, programs and public television are instances where CNHSA would like to use your child's image. Please indicate your willingness to allow us to use your child's images as above. Your signature below indicates your consent for use of your child's image in the above-mentioned media.

Parent Name/Date _____

Permission to administer First Aid:

The Skater herein described has my permission to participate in all skating activities except as noted. I give consent to CNHSA and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned skater, for any injury that could arise. I hereby give permission to order x-rays, routine tests, treatment and to release any records necessary for insurance purposes, and to provide or arrange transportation for skater.

Parent Name/Date _____

