

# Inline Skating

## For ages 4-10

### Level 1: Tues. 4:00pm-5:00pm

This 7-week program is designed to teach new skaters, the fundamentals skills of inline skating. Each clinic includes fun drills and activities that teach children how to fall properly, balance, skate forwards and stop. All activities are designed to involve all students, all of the time!

Members: \$69 Non-Members: \$95

**Session #1: Tuesdays 9/23 - 11/4**

**Session #2: Tuesdays 11/11 - 1/6 (no class 11/25, 12/23)**



### Level 2: 5:00pm-6:00pm

This 7-week program has been designed for skaters who are able to stay on their feet all of the time, skate forwards at a good pace, and can stop. Skaters at this level will build upon the skills they learned in level 1 by skating backwards and crossing over. Children ages 5-10 are welcome.

Members: \$69 Non-Members: \$95

**Session #1: Tuesdays 9/23 - 11/4**

**Session #2: Tuesdays 11/11 - 1/6 (no class 11/25, 12/23)**

*\*Required equipment: inline skates, helmet, elbow guards, wrist guards & knee pads.\**

For more information contact Tim at ext. 102 or by e-mail, [tdoulass@sportandwellness.net](mailto:tdoulass@sportandwellness.net)



190 Old Sylvan Lake Road, Hopewell Jct., NY 12533

**(845) 226-8733**

[www.sportandwellness.net](http://www.sportandwellness.net)





TENNIS • FITNESS • MULTISPORT

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- This registration form is intended for the Inline Skating Program.
  - One registration form per person please.

### Questions? We're here for you!

### Contact Tim or Marianne at (845)226-8733

Participant's Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Class Level: \_\_\_\_\_ Time: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

In case of emergency, call: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

How did you hear about this program at Sport & Wellness? \_\_\_\_\_

Are you a Member of Sport & Wellness? \_\_\_\_\_

Cancellation/Credit Policy

It is the policy of Sport & Wellness that in the event a program is cancelled or you are unable to participate, a credit on account will be issued to your house account.

Waiver and Medical Release -MUST BE SIGNED UPON REGISTRATION

The above named participant has my permission to participate in Sport & Wellness programs. Sport & Wellness has my permission, in case of emergency, to give or call for medical care. I also release, on behalf of myself and my heirs, Sport & Wellness, LLC., their officers, agents, employees and those associated sponsors, harmless from all liability which may result from my use of the facilities. I also understand that the participants may be photographed during a program at Sport & Wellness and that the photo may be used for promotional materials. I also agree to abide to Sport & Wellness few policy.

I hereby give permission to the health personnel selected by the program to order x-rays, routine tests, treatments, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Participant's Signature (Parent if under 18)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date