

ROSEVILLE SKATING SCHOOL

WINTER/SPRING 2016-17 / 16 WEEK SESSION

Tuesdays, November 29 – April 18

No class Dec 27, Jan 3, 10 & 31, and Feb 14



| PROGRAM # | TIME | LEVEL |
|-----------|---------------|--|
| 9100.779 | 5:45 - 6:15pm | Tots 3-5 years old (<i>Helmets & Mittens Encouraged</i>) |
| 9100.780 | 6:15 - 6:45pm | Tots 3-5 years old (<i>Helmets & Mittens Encouraged</i>) |
| 9100.781 | 6:15 - 6:45pm | 6-8 years old |
| 9100.782 | 6:45 - 7:15pm | 6-8 years old |
| 9100.783 | 6:45 - 7:15pm | Bright Blades **Skating Director approval |
| 9100.784 | 7:15 - 7:45pm | 9-12 years old & teens |
| 9100.785 | 7:15 - 7:45pm | Adults |



Saturdays, December 3 – April 22

No class Dec 24 & 31, Jan 7 & 28, and Feb 11



| PROGRAM # | TIME | LEVEL |
|-----------|-----------------|--|
| 9100.786 | 12:00 - 12:30pm | Tots 3-5 years old (<i>Helmets & Mittens Encouraged</i>) |
| 9100.787 | 12:30 - 1:00pm | 6-8 years old |
| 9100.788 | 1:00 - 1:30pm | 9-12 years old & teens |
| 9100.789 | 1:45 - 2:30pm | Freestyle 1, 2 & 3 |
| 9100.790 | 2:15 - 3:00pm | Freestyle 4 & 5 |
| 9100.791 | 3:15 - 4:00pm | Freestyle 6 & 7 |
| 9100.792 | 3:45 - 4:30pm | Freestyle 8 - 10 |

REGULAR FEE \$165.00 / ROSEVILLE RESIDENT FEE \$149.00

FREESTYLE 1-10 FEE \$235.00 / FREESTYLE 1-10 RESIDENT FEE \$215.00

TO AVOID A \$5.00 LATE FEE - REGISTER BEFORE November 23, 2016

Feb 4th classes start at 12:45pm

REGISTER ONLINE @ www.cityofroseville.com/skatingcenter or
www.skatetheoval.com/rosevilleskateschool

An \$8.00 processing charge will be added to all cancellations. Registrations accepted on a first come, first served basis.

* THERE ARE NO PROVISIONS FOR PRACTICE ICE OR MAKE-UP CLASSES *

Please call 651-792-7007 for additional information. Registrations can be mailed to 2661 Civic Center Dr, Roseville MN 55113.

KEEP THE TOP OF THIS FORM FOR YOUR INFORMATION

| | | |
|--------------------|--------|-----------------------|
| Participants Name: | Phone: | Parent/Guardian Name: |
| Home Address: | City: | State: Zip: |



GENDER (circle one): F M BIRTHDATE: _____ STATUS: New Student _____ Returning Student _____

PROGRAM #: _____ PROGRAM NAME: _____ TEST PASSED: _____

Does participant have any disability, allergy or special need of which we should be aware? _____ Explain: _____

Liability Waiver: I understand that participation in this activity is completely voluntary. I recognize that there are risks in my participation in this activity. I agree to accept those risks. I also agree, in consideration for my being allowed to participate in this activity, and on behalf of myself, my heir, executors, administrators and assigns, to release and discharge the City or Roseville, sponsor (s) of the event or activity, and their officers, employees, agents, successors and/or assigns from liability for any and all injury, damage or loss that is or may arise from my participation in this activity.

Data Practices Act Notice: Pursuant to the Minnesota Government Data Practices Act, you are being requested to furnish certain information that is classified as private under the Act. The City collects such information in order to properly process requests to participate in activities. You may refuse to provide such information, but such a refusal may affect your ability to participate. The information will be maintained by the City Park and Recreation Department, and may be accessible to anyone in the Department, or in other Departments of the City.

Signature: _____ Date: _____ E-Mail: _____

| | | | |
|---------------------|-----------|---------|----------|
| Fee Paid | Date Paid | Check # | By |
| Visa or MasterCard# | | | Exp Date |

Roseville Skating Center reserves the right to cancel or adjust any session due to insufficient enrollment.

WINTER/SPRING 2016-17