

# LEARN-TO-SKATE



**Aurora Ice Association**



- Ages 3 thru Adult: Beginner thru Advanced
- Pre-Registration required, very limited spaces available.
- Loaner Skates Available, limited quantity.
- Skaters 10 and under are encouraged to wear a helmet.  
(Bike Helmets are okay)
- No Makeups or refunds.

For Information call:  
Aurora Ice Association: (716) 805-7582  
OR  
Skate Great Director: Jessica Roswell  
(716) 580-3458 / sk8gr8info@gmail.com

## East Aurora Classic Rink

**Sunday 12:00-12:50 (\$95/6 classes)**

**Monday 5:00-5:50 (\$95/6 classes)**

**SESSION 1:** October 16 - November 20

October 17 - November 28  
(No Class October 31)

**SESSION 2:** November 27 – January 15  
(No Class December 25 & January 1)

December 5 - January 16  
(No Class December 26)

**SESSION 3:** January 22 - March 5  
(No Class February 5)

January 23 – February 27

**Parent Participation: \$25 for the 2022-2023 Season**  
(Last 20 minutes of practice time after class. Optional, not interchangeable with other parents)

**www.classicrink.org**

Registration Form – 2022-2023  
Make check or money order payable to:  
Aurora Ice Association  
41 Riley Street., East Aurora, NY 14052



Session# (Circle one): 1 2 3

SUNDAY 12:00-12:50 \_\_\_\_\_ / MONDAY 5:00 - 5:50 \_\_\_\_\_

Skater's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthdate \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent Participation (\$25 for the 2022-2023 season): \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ (\$95.00 / Session, \$120.00 with Parent Participant) Check# \_\_\_\_\_ Date: \_\_\_\_\_

Please check if this box if you would like to receive text alerts for cancellations, updates, etc.  Cell # \_\_\_\_\_

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the session for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_\_ Yes, I give consent for Skate Great to use photographs my child.

\_\_\_\_\_ No, I do not authorize Skate Great to use any photographs of my child.

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Skate Great & the AIA assumes no responsibility for any accident or injury to any participant. No Refunds /Exchanges. \$50.00 fee for all returned checks.