

SPORT-O-RAMA ICE RINKS

2010

20 COLLEGE ROAD
MONSEY, NEW YORK 10952
(845) 356-3919, 356-8274
FAX: (845) 356-8811
www.sportorama.com
info@sportorama.com

2010

Beat the Heat

KEEP COOL THIS SUMMER

SUMMER SKATING LESSONS

½ HOUR GROUP ICE-SKATING LESSONS

TUESDAY

JULY 6 - AUGUST 24
5:00PM or 5:30PM

COST: \$160.00 (8 WEEKS)

THURSDAY

JULY 8 - AUGUST 26
5:00PM or 5:30PM

\$120.00 (6 WEEKS)



(INCLUDES HALF HOUR PRACTICE ON DAY OF CLASS)

SUMMER GROUP APPLICATION 2010

TUESDAY

(PLEASE CHECK SESSIONS AND TIME DESIRED)

___ 6 SESSIONS ___ 5:00PM ___ 5:30PM
___ 8 SESSIONS ___ 5:00PM ___ 5:30PM

CIRCLE DATES DESIRED

7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17, 8/24

CIRCLE LEVEL

TOTS B1 PRE ALPHA ALPHA

THURSDAY

(PLEASE CHECK SESSIONS AND TIME DESIRED)

___ 6 SESSIONS ___ 5:00PM ___ 5:30PM
___ 8 SESSIONS ___ 5:00PM ___ 5:30PM

CIRCLE DATES DESIRED

7/8, 7/15, 7/22, 7/29, 8/5, 8/12, 8/19, 8/26

CIRCLE LEVEL

TOTS B1 PRE ALPHA ALPHA

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ BIRTHDATE: _____ E-MAIL: _____

I, the parent or guardian of the above named applicant hereby acknowledges the possibility of my youngster being injured while skating or while taking a lesson. I understand that there is no supervision during the practice sessions. I assume all risks and hazards incidental to ice skating and hereby waive, release and agree to hold harmless Ramapo ice rinks, inc, the Sport-o-Rama Skating School and its instructors from any claim rising out of any injury which my youngster may sustain, while skating. I understand that there is limited, excess accident insurance coverage provided by USFSA. I consent to pictures being taken of me by Ramapo ice rinks and understand that such pictures will become the property of Ramapo ice rinks. Ramapo ice rinks may use them for promotional purposes without the payment of fees or other compensation to me.

PAID: _____ DATE: _____

SIGNATURE (PARENT IF SKATER IS UNDER 18)

CK: _____ CASH: _____ INT: _____