



Skating Club of Central New York Basic Skills Program

Class Registration Form 2009-2010

(Please Print)

Student's Last Name: _____ First Name: _____

Parent's Name: _____

Street _____ Apt #/PO Box _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Student's Age: _____ DOB: _____ Gender: F / M (Circle one)

CLASS INFORMATION: (Please circle your choices)

Semester: 1 2 3 4 5 6

Class Day: Wednesday Evening Saturday Morning

Basic Skill: BSN ASN B1 B2 B3 B4 B5 B6 B7 B8

Freestyle: F1 F2 F3 F4 F5 F6 ADULT

Intro to Synchro: Semester 1 2 3 (must participate in all 3 semesters)

Intro to Ice Dance/Moves-in-the Field: Semester 4 5 6

Registration Fee: \$ _____

USFSA Fee: \$ 12 (One time annual fee 7/1/09 – 6/30/10)

Discount for 3 semesters \$ _____ (Maximum discount \$15)
(Must pre-register for 3 consecutive session/synchro does not apply)

Total \$ _____

Method of Payment:

Check or Cash (Sorry, no credit cards). **Please make checks payable to Skating Club of CNY**

Cash: \$ _____ Check # and amount: _____

The Skating Club of Central New York and the Cicero Twin Rinks assume no responsibility for any injuries or loss to any skater or spectator while on the ice, in the building, or on the premises.

Signature of Parent: _____

Please mail registration form along with payment to Carolyn Quinn, 5017 Stagecoach Road, Camillus, NY 13031. If you have any questions, please call Carolyn Quinn at 468-6908 or cquinn2@twcny.rr.com.