

The Ice Skating Academy

Session 2 Registration 2024

Hockey~~~Figure~~~Recreation

theISAcademy@yahoo.com

603.300.7978 Jill

TheIceSkatingAcademy.com



Name of Skater _____ Age _____

DOB _____ Parent/Guardian _____

Phone ____-____-____ Address _____

City _____ State ____ Zip _____ Email _____

New to the Program? yes no LTSUSA # _____

Skating Level: _____ Level (please circle) Tots / Basic 1-6 /

Hockey 1-4 / Free-skate / Adult 1-6

Emergency Contact _____ Phone ____-____-____

Allergies/Other Important Info _____

Please check the class you will be participating in:

Sunday 1:00-1:50 - 11/3-12/8 (6 Weeks)

Sunday 2:00-2:50 - 11/3-12/8 (6 Weeks)

Cash, Check, Venmo Accepted

Walk-On anytime for a \$22
Please notify me before coming.
Jill @ 603-300-7978

***Include a once a year LTSUSA Registration Fee of \$25.00 (June-June)**

Program Fee \$120 _____ LTUSA Fee \$25, Total _____ \$145 _____

Release Form

Liability I hereby give permission for _____ to skate in The Ice Skating Academy. I will not hold THE VETERANS MEMORIAL RINK or any ISA staff responsible for any accident or injury incurred while participating in any ISA programs or while traveling to or from THE VETERANS MEMORIAL RINK. THE VETERANS MEMORIAL RINK and/or ISA staff is not responsible for any lost or stolen items. _____ Signature (Parent/Guardian)

You will be contacted about changes through email. There are no make-up classes for any missed lessons. Only medical or family emergency refunds will be given. Should you decide to withdraw from the class you must notify the director prior to the second class. No refunds will be given after the second class. New skaters are always welcomed. If classes are canceled due to weather you will be notified via email/text message/on the website.

Return application email or mail

The ISA

P.O. Box 207

Atkinson, NH 03811

Driving Directions

137 Monument St

Haverhill, MA 01832

Rink located behind fields