

SCHOOLS OUT SKATE

Come Skate with Us and Join the Fun!

Do something "COOL" during your day off school!!!

Learn the exciting and fun sport of Ice Skating!!! This is your chance to learn how to slide, glide, and swizzle across the ice and make new friends at the same time! Our professional team of instructors will spend the hour teaching you the fundamentals of ice skating- balance, forward stroking, snowplow stops, swizzles and much more.

Skaters will be given a pass for the public session to have fun with friends and practice what they have learned.

Skaters 6 years old and above are invited to attend. Parents are welcome.

No skating experience is necessary.

Pre-Registration
required for
Clinic.



What should I wear?

Dressing in thin layers works the best-shirt, sweatshirt, or coat. Headband or hat to keep warm. Wear only 1 pair of thin socks-two may cause blisters!

Remember gloves!

CLINIC DATE & TIME

Clinics are held when Frederick County Public Schools have scheduled closings.

Monday, January 2nd

10:45-11:45 am

*Registration DEADLINE DATE: Dec. 28th

Each participant will receive free pass to stay and skate on the public session following the clinic.

ONLY \$19.00

Each Clinic

(\$29 after deadline date)

\$10.00 for each additional Family Member
(\$20 after deadline date)

Adults welcome!

*Price includes MD State Amusement Tax.
Rental Skates are included.*

Register Now in The Pro Zone to reserve your space with a credit card.

This is a great activity for scout and church groups!

Registration will be on a first come basis and space is limited.

Questions regarding the clinic

Contact Kelly at 301-662-7362 ext. 16 OR k.orndorff@comcast.net



1288 Riverbend Way * Frederick, MD 21701 * 301-662-7362

www.skatefrederick.com



SCHOOLS OUT SKATE REGISTRATION

1st Family Member: _____ Birthdate: ___/___/___ Age: _____

Additional Family Member: _____ Birthdate: ___/___/___ Age: _____

Additional Family Member: _____ Birthdate: ___/___/___ Age: _____

Address: _____

City _____ State _____ Zip _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Parent's Name: _____ Email _____

CLINIC ENROLLMENT:

____ **Monday, January 2nd**

10:45-11:45am

Registration DEADLINE DATE: Dec. 28th

CLINIC COST:

____ **\$19—1st Family Member**

*29 after deadline date

____ **\$10—Each additional Family Member**

*19 after deadline date

\$____ **TOTAL DUE**

PAYMENT METHOD:

____ Cash _____ Check #

Visa _____ Exp. ___/___

Mastercard _____ Exp. ___/___

NO REFUNDS OR CREDITS FOR MISSED CLASS

RELEASE: In consideration of the Participant being permitted to register and participate in ice skating at Skate Frederick LLC we do hereby forever release and discharge its Directors, Coaches, Agents, Employees and any person or corporation connected herewith from all manner of action, injury, damages, casts, claims or demands which we will shall or may hereafter have suffer or received by reason of such participant in any program at the center. The release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Skate Frederick shall not be considered to guarantee or warrant such equipment as may be used in the conducting of said ice skating activity. Skate Frederick LLC reserves the right to use any pictures taken during the skating activity for advertising and/or promotional purposes.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION PRESENTED ON THIS FLYER.

Signature _____

Date _____