



## 2012 LEARN TO SKATE CLASSES - HOCKEY AND FIGURE SKATING

The Bozeman Learn to Skate program offers a full range of instructional programs for recreational skaters. *Instructors are registered US Figure Skating or US Hockey members so you are sure your skater is getting the best instruction available.* The instructors work with small groups of skaters having similar skills and abilities, ranging from beginners to advanced skaters. Whether your interest is figure skating, hockey, or just having fun on the ice, we have a program just for you! **CLASSES AVAILABLE FOR AGES 4 TO ADULT, ALL LEVELS.**

**Please register early so we can set up the classes and have a smooth first day**

Lessons are at **Haynes Pavilion Indoor Ice Arena**, on the Gallatin County Fairgrounds  
**Sunday Classes are offered between 1-2:20pm February 5<sup>th</sup> – March 25<sup>th</sup>**

**NO LESSONS February 19<sup>th</sup>**

**Classes include: 30 minutes of instruction, 50 minutes of practice ice, USFS Membership, insurance, skate rental, exhibition last day of class**

**7 Week Session for \$90.00**

For more information: Amy Malachowski at 581-1248 or [www.bozemanfigureskating.org](http://www.bozemanfigureskating.org)  
Registration: Make checks payable to Bozeman Figure Skating Club (BFSC).

Mail Registration to: **Bozeman FSC LTS Director**  
**P.O. Box 3171**  
**Bozeman, MT 59772**

Skater's Name \_\_\_\_\_

Skaters Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Previous Class /Level Passed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Payment By: Cash \_\_\_\_\_ Check # \_\_\_\_\_

Signature \_\_\_\_\_

Upon entering events sponsored by Bozeman Figure Skating Club (BFSC), I/We understand and appreciate that participation in, or observation of, the sports of ice hockey and figure skating constitutes risk to me/us of serious injury, including paralysis or death. I/we voluntarily and knowing accept and assume this risk, and release BFSC and LTS, their league affiliates, officers, sponsors, event organizers, skating facilities, coaches and officials from any liability and hold harmless therefore. I /We hereby give my consent for an officer or coach of BFSC of LTS to obtain emergency medical treatment for my child in the event that I am not available.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION DEADLINE January 28<sup>th</sup>, 2012**