



BVS LEARN TO SKATE PROGRAM

(formerly the Pawtucket Parks & Recreation Learn to Skate Program)

Dennis M. Lynch Arena
25 Andrew Ferland Way
Pawtucket, RI 02860
401.728.7420
www.lyncharena.com



Basic Skills and Tots Programs

WEDNESDAY Basic Skills Program ages 5 and up 5:10pm - 6:00pm - 25 Minute Class & 25 Minute Practice Time (no class 2/15)				
Circle to Choose	Start Date	End Date	# of Weeks	Cost
A	01/18/12	02/29/12	6	\$66

FRIDAY Basic Skills Program ages 5 and up 4:10pm - 5:00pm - 25 Minute Class & 25 Minute Practice Time (no class 2/17)				
Circle to Choose	Start Date	End Date	# of Weeks	Cost
B	01/20/12	03/02/12	6	\$66

FRIDAY Tots Program 10:00am - 11:00am - 30 Minute Class & 30 Minute Practice Time (no class 2/17)				
Circle to Choose	Start Date	End Date	# of Weeks	Cost
C	01/20/12	03/02/12	6	\$45

Notes:

- Applications will be accepted on a space-available basis.
- No refunds after the first class.
- Prorating is only applicable when signing up for a session after it has begun. Payment is then required for the entire number of the remaining weeks. There is no prorating for individual classes that may be missed. Prorating is available on a space available basis only.
- No discounts for multiple family members.
- No walk-in registrations on the first day of class please.
- Gloves, helmet and layered clothing recommended. No double runner skates please.
- There will be no make-up if your child misses a class
- For more information call Marcia Dunphy at 401.725.3007
- All classes held at Lynch Arena

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____

Telephone: _____ Cell Phone: _____

Email: _____

Which session are you registering for (see schedule above) circle one **A (Wed 5:10)** **B (Fri 4:10)** **C (Fri 10:00)**

Has child skated before? _____ Which program did child participate in? _____

Last Level Completed (please circle one) : Snowplow Sam 1 2 3 Basic 1 2 3 4 5 6 7 8 Free Skate 1 2 3 4 5 6

Are there any medical issues that we should be aware of? _____

If yes, please explain: _____

Please mail application with payment to: Blackstone Valley Sports, PO Box 7612, Cumberland, RI 02864. Make checks payable to: BVS

Assumption of Risk*The instructors and/or BVS will not be held responsible for any injury my child may sustain.

Parent/Guardian Signature: _____

January-February session