



Delaware County Skating Club, USFS Member Club #1107  
Skatium | 1002 Darby Road | Havertown, PA 19083

## THURSDAY GROUP LESSONS 2011-2012

4:00 - 4:30 p.m. Instruction, 4:30 - 5:00 p.m. Practice

4 Week Mini-Session - \$65.00 ..... 6 Week Session - \$95.00

**SESSION I (6 weeks)**  
September 22nd – October 27th

**SESSION II (6 weeks)**  
November 3rd - December 15th  
(No Class on Thanksgiving)

**SESSION III (6 weeks)**  
January 5th - February 9th

**SESSION IV (6 weeks)**  
February 16th - March 22nd

**MINI-SESSION (4 weeks)**  
March 29<sup>th</sup> - April 26<sup>th</sup>  
(No Class 4/5/12)

Delaware County Skating Club (DCSC) Basic Skills Membership is required for all group lesson participants. Complete the DCSC Basic Skills Membership form and submit a separate check payable to DCSC. This is a one-time per person per season fee of \$25.00 per skater. The Group Lesson season runs from September 1<sup>st</sup> thru August 31<sup>st</sup>.

THERE IS A 10% DISCOUNT TO SECOND FAMILY MEMBER OR FOR 2ND CLASS PER WEEK, 20% DISCOUNT TO ANY SKATER ENROLLING IN ALL FOUR SESSIONS.

Please send completed **form** and **check** (payable to **Skatium**) to:

**Skatium, 1002 Darby Road, Havertown, PA 19083, Attn: Kristin Caparra**  
Call (610)853-2085 or E-mail [kc.skatium@yahoo.com](mailto:kc.skatium@yahoo.com) for more info

Skater's Name \_\_\_\_\_ Age this session \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Contact: Name \_\_\_\_\_ Email Address \_\_\_\_\_

Family Contact Phones: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_

Family Address \_\_\_\_\_

Emergency Contact (if different): Name \_\_\_\_\_ Phone \_\_\_\_\_

Circle Session Number:            I                    II                    III                    IV                    Mini-Session

Previous Lesson Experience \_\_\_\_\_ None \_\_\_\_\_

Level passed at last group lesson \_\_\_\_\_



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IN CONSIDERATION OF THE APPLICANT BEING PERMITTED TO REGISTER AND PARTICIPATE IN SKATIUM GROUP LESSONS UNDER THE AUSPICES OF DELAWARE COUNTY SKATING (DCSC), I/WE DO FOREVER RELEASE, INDEMNIFY, PROTECT, HOLD HARMLESS, AND DISCHARGE SKATIUM, DCSC, TOWNSHIP OF HAVERFORD, THEIR DIRECTORS, INSTRUCTORS, AND EMPLOYEES FROM ALL MANNER OF ACTION, INJURY, DAMAGE, COSTS, CLAIMS, OR DEMANDS WHICH MAY ARISE AS A RESULT OF APPLICANT'S USE OF SKATIUM FOR GROUP LESSONS. THIS RELEASE AND INDEMNITY SHALL BE BINDING ON ALL HEIRS, EXECUTORS, SUCCESSORS, ADMINISTRATORS, AND ASSIGNS. IT IS FURTHER AGREED THAT THE SKATIUM/DCSC SHALL NOT BE CONSIDERED TO GUARANTEE OR WARRANT SUCH EQUIPMENT AS MAY BE USED IN THE CONDUCT OF SAID GROUP LESSONS.

Parental (or Skaters over 18) Signature \_\_\_\_\_

**DELAWARE COUNTY SKATING CLUB 2011/2012 SEASON**  
**USFS Basic Skills – Group Lesson Application**

Welcome into the membership of DCSC, the United States Figure Skating (USFS) Member club based at the Skatium. Your membership is established by enrolling into the Group Lessons Program and affords you many benefits, such as reduced rate practice ice, opportunity to participate in sanctioned shows and exhibitions, as well as your own personal USFS Basic Skills Booklet! (The Booklet will be updated by a staff professional according to the skater's progress at the end of each session.)

Name of Skater \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Volunteer: \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_



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September 2011

Dear Parents:

As a club we sometimes submit press release with photos and information about our students' accomplishments to area newspapers. To streamline the permission process for using photos, names, and information with press releases, websites, and publications, I am asking parents of all ice skating students to sign a waiver now.

Please complete and sign the coupon below and return it to the Skatium – Coaches' office. If you prefer not to allow your child(ren)'s photos to be published, we will certainly respect your wishes. If you have any questions, please email Marilyn Lee at [marilynplee@comcast.net](mailto:marilynplee@comcast.net).

Thank you for your attention to this matter.

Sincerely,

Ann Bonner, President

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Please **CIRCLE** your preference below for each:

**Media Organizations:**

I *give / deny* permission to Delaware County Skate Club to send public relations information and/or photo of my child(ren) to media organizations (newspapers, television, etc.).

**World Wide Web:**

I *give / deny* permission to Delaware County Skate Club to post a photo with my child(ren) on the club's website on the World Wide Web. These photos may include a caption with your child's name.

**Club Publications:**

I *give / deny* permission to Delaware County Skate Club to use my child's photo in club publications which will be available to new or potential members.

Please **PRINT** information below:

Family Name: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_