

# 2010-2011 BILLERICA SKATING PROGRAM

SEPTEMBER 2010 to MARCH 2011

Classes will begin on Saturday September 25 and continue through March ending with our show.

**TO BE HELD AT: HALLENBORG ICE RINK GOOD STREET BILLERICA, MA**

## ICE SKATING FEE \$280 NON REFUNDABLE PAYMENTS

Payments can be made in 2 installment \$140 by Sept 18, 2010 & second by Nov 13, 2010

*\*\*returned checks will be subject to a \$20 Fee*

**Payable to: BILLERICA HOCKEY ASSOC.**

The schedule for classes is as follows:

Changes may be necessary once class sizes are determined you will be notified if there is a change in your child's scheduled time.

Please return Registration Forms as soon as possible.

<b>Badge 1 &amp; 2</b>	<b>10:50-11:30</b>	<b>Mail payment and form to:</b>
<b>Badge 3</b>	<b>10:50-11:40</b>	<b>Paula Sirignano</b>
<b>Badge 4, 5 &amp; 6</b>	<b>11:30 --12:20</b>	<b>13 Nealley Street</b>
<b>Badge 7, 8, 9 &amp; UP</b>	<b>12:30 – 1:30</b>	<b>Billerica, MA 01821</b>

**Any questions call:**

**Paula (508) 577-1242**

**Or**

**Karen (978) 667-0893**

## GENERAL INFORMATION

Figure skating is based on Badge levels 1 thru 12. Badge 3 & 4 receive a 20-30 minute professional group lesson, if available volunteer instructors assist the students for the remaining time; while Badge 5 and up receive a 20-30 minute professional group lesson and then practice on their own for the remaining time.

Badge 1 & 2 classes are taught by our volunteer teaching staff and professional staff. Children should **wear helmets & gloves**, heavy clothing is not necessary.

## REGISTRATION FORM

I hereby give permission for my child:

\_\_\_\_\_ to participate in the Skating Program sponsored by the Billerica Hockey Assoc. Inc. for the current year.

I hereby release and agree to hold harmless and indemnify the coaches, assistants, and any and all directors, officers and members of the Hockey Assoc. from any and all claims and/or liability and/or responsibility of every kind, nature and description. In case of injury to my child or loss of equipment or damage to equipment while she/he is participating in any way in the program.

I realize that the Association is a non-profit organization and carries no medical or liability insurance.

This permission, release and certification is to remain in force as long as my child is enrolled in the program.

**PLEASE SIGN**

X \_\_\_\_\_

**Signature of Parent**

(Please print clearly below)

CHILDS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

BEGINNER: YES \_\_\_\_\_ NO: \_\_\_\_\_

IF NO, LAST BADGE PASSED: \_\_\_\_\_

**Make check payable to:**

**Billerica Hockey Association**

Mail to:

**Paula Sirignano**

**13 Nealley Street**

**Billerica, MA 01821**