



Homeschool Learn-to-Skate

Select Class Level:

- Tots**
Ages 3-5
11:00-11:30am
- Alpha**
12:00-12:30pm
- Beta**
12:00-12:30pm
- Intro**
Beginners
Ages 6 & Up
Must be 6 before first class
11:00-11:30am
- Gamma**
12:00-12:30pm
- Pre Alpha 1**
11:30am-12:00pm
- Delta**
12:00-12:30pm
- Pre Alpha 2**
11:30am-12:00pm
- Freestyle**
12:00-12:30pm

TIMES SUBJECT TO CHANGE DEPENDING ON CLASS SIZE



P L E A S E P R I N T C L E A R L Y

Select Session(s):

- Session 1 - Fee: \$75**
October 9th-November 13th
Deadline to Register: Oct. 2nd
- Session 2 - Fee: \$75**
November 20th-January 15th
No class on Nov. 27th, Dec. 25th, Jan 1st
Deadline to Register: Nov. 13th
- Session 3 - Fee: \$75**
January 29th-March 4th
Deadline to Register: Jan. 22nd

\$10 LATE FEE AFTER REGISTRATION DEADLINES

Full Sessions: 6 classes of 30-minute lessons
All Sessions Include Skate Rental & Helmets

Skater Name: _____ Age: _____ Birth Date: _____ Gender: M F

Parent Name(s) (Please Print): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email: _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

Signature of Parent/Guardian _____ Date _____

For Office Use: Total Paid _____ Cash / Check / Charge Date _____ Staff Initials _____

Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107 • parks@talbgov.org

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