



Evarts Rink
THE HARVEY SCHOOL
 240 Jay St. (Route 22), Katonah, NY 10536
 (914) 232-3618
 E-mail: evartsrink@harveyschool.org

GROUP LESSON APPLICATION

The cost for the program is **\$180.00 per eight week session**. Any additional immediate family member receives a \$15 discount. This fee includes a 30 minute lesson and practice time. Please note that there are no make-up classes for absences. Refunds will be given after the first class only. **All students must be pre-registered. SPACE IS LIMITED. PLEASE RETURN YOUR APPLICATION AS SOON AS POSSIBLE. CLASSES SUBJECT TO CANCELLATION BASED UPON ENROLLMENT. Note: We do not telephone or send written confirmations. If you have mailed your registration or registered in person at the rink, you will be placed in the class sessions unless notified otherwise. **YOU MUST HAVE YOUR OWN SINGLE BLADE SKATES.** PLEASE USE THE PROVIDED CHANGING ROOMS; NOT THE LOUNGE FOR PUTTING ON SKATES.**

In case of inclement weather, call 914-232-3618 for updates.

1. If you are going to register for the next session, please enroll your child in the following class and write on line #1 on the application below:

Beginners: 4-6 yr olds: Snow Plow Sam S1, S2, S3, S4 7 yr olds & older: Basic B1, B2

Basic 3 thru FS 4 based on skill: Basic B3, B4, B5, B6, Freeskiate PreFS, F1, F2, F3, F4, F5, F6

2. Please choose day/time of class you wish to enroll and write on line #2 on the application below:
 [] Sat. All levels) 11:30 – 1:00 PM October 14 – December 9 [No November 25]

Cut the on the line and return the bottom

The Harvey School Rink - Group Lesson Application - Fall Session 2017

Please enter (1.) class and (2.) day/time chosen from above

(1.) Class Level _____ Day: SATURDAY 11:30am - 1:00pm

Skater's Name: _____ DOB _____ AGE: _____ Sex: M F
Please Print

Address: _____ Phone: (Home) _____

City: _____ State _____ Zip _____ (Work/Cell) _____

ACCIDENT/LIABILITY RELEASE: As parent/guardian or adult skater, I release The Harvey School, The Harvey School Rink and its staff from all claims, actions, causes of actions, damages to or by the undersigned person for loss or injury resulting directly from the participation of such person in this program. I have read this release and understand this is a full release including expressly any claims of negligence for injury and damages sustained at The Harvey School Rink.

Signature _____ Date _____

Applications cannot be processed without the proper signature.

Payment: Cash _____ Check _____ (Made out to: "The Harvey School Rink") Ck/R/CC _____

Credit Card: MC__ VISA__ AMEX__ Amount \$ _____

CC#: _____

Signature: _____ Exp. Date ____/____
MM YY

Print Name: _____

E-MAIL _____

If you would like future applications sent to you online, please print your e-mail on the line above.