



www.sqsaparade.com

Power Skating for Hockey Players Winter 2012: Ages 4yrs – 10yrs 8 week session begins 1/14/12 Parade Ice Garden

All classes will be held on Saturdays from 9:00am – 9:30am
Class dates: 1/14, 1/21, 1/28, 2/11, 2/18, 2/25, 3/10, 3/17
*** No class on 2/4, or 3/3**

Class Descriptions:

In this class we will work on increasing speed, strengthening agility, edge control, and overall skating ability. Skaters will not use their hockey sticks in class, but are welcome and encouraged to wear all of their other hockey equipment.

IMPORTANT

- Skaters must know how to skate, and have at least one year of hockey experience
- Skaters **MUST** wear hockey skates
- Both boys and girls are welcome
- Classes are filled on a first come, first served basis
- No refunds, unless class is cancelled due to low enrollment
- If we feel that a skater's ability does not match that of the overall majority of the class, we will offer a refund and ask that your child skate in a different class.

ALL Winter Power Skating will be held in the south rink, at PARADE ICE GARDEN, 600 KENWOOD PARKWAY, MINNEAPOLIS MN 55403 (JUST WEST OF THE MPLS SCULPTURE GARDEN AND WALKER ART CENTER)

I HAVE SIGNED UP FOR POWER SKATING CLASS on Saturdays, at 9:00AM

Keep this half for your records.

Please refer to the above list for days that classes will / will not be held.
Check www.sqsaparade.com for updates.

*** No class on 2/4, or 3/3**

Power Skating For Hockey

Return THIS HALF with payment. Keep the other half for your records.

Please keep the remainder of the registration material for your records and for confirmed dates & classes. Thank You.

Skater's Name: _____

Date of Birth: _____ Age: _____

Parent(s)/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

*Email Address: _____

*Communication of important information is done via email – PLEASE include an email address

Cost of Class: \$88.00 Please make checks payable to: SQSA Parade

I skate in this class at my own risk and hereby release ISI, the host facility and their officers, directors, instructors, and personnel from all liability. I declare that the information above is true.

Signed: _____ (parent/guardian) Date: _____

Send this form and full payment to:

SQSA Parade
Care Of: Raleigh Weld
600 Kenwood Parkway
Minneapolis, Minnesota 55403
Email: rweld@sqsaparade.com