

OVER THE EDGE, INC.

Ice Skating School

P.O. Box 3868

Albany, New York 12203

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2011-12 ICE SKATING SESSIONS & REGISTRATION

Please select below the **ICE RINK FACILITY, SESSION(s),** and **PROGRAM** for which you wish to register. A non-refundable, \$25. registration fee must accompany your completed registration form. This will reserve space for your skater and is **deducted** from the total cost of the session. The balance is due on, or before, the first class. Or if you prefer, you may send the entire session amount with your registration. This will save you time waiting in line on the first day of skating classes. Please mail completed form and check (payable to Over The Edge, Inc.) for Albany County Hockey Facility and Hudson Valley Community College Programs to: *Pamela Tallent, Over The Edge, Inc., PO Box 3868, Albany, NY 12203.* Mail Swinburne Park registrations only to: *Jody TenEyck, 15 Patroon Pl., Glenmont, NY 12077 (phone 767-9821).*

Please indicate below, which **SESSION(s) and PROGRAM(s)** you wish to register for. You can visit the **Programs** page for a complete description of each.

*ALBANY COUNTY HOCKEY FACILITY: SUNDAYS

SESSIONS: Duration and dates - SUNDAYS

- _____ Session 1: 6 weeks - Oct. 2, 9, 16, 23, 30; Nov. 6, 2011
- _____ Session 2: 6 weeks - Nov. 13, 20, 27; Dec. 4, 11, 18, 2011
- _____ Session 3: 8 weeks - Jan. 8, 15, 22, 29; Feb. 5, 12, 19, 26, 2012
- _____ Session 4: 8 weeks - Mar. 4, 11, 18, 25; Apr. 1, 15, 22, 29, 2012

PROGRAMS: Times and costs

- _____ Learn-To-Skate (ages 4-5), 4:15-4:45 PM (group lesson only - **no practice included**)
6 weeks - \$78.00; 8 weeks - \$105.00
- _____ Basic Skating Skills (ages 5-adult), 4:15-5:15 PM (group lesson plus practice/games time)
6 weeks - \$95.00; 8 weeks - \$125.00
- _____ Beginning Freestyle (more advanced figure skating skills, all ages), 5:15-6:15 PM
6 weeks - \$105.00; 8 weeks - \$135.00
- _____ Open Freestyle (ice time only) full session package rates, 5:15-6:45 PM
6 weeks - \$120.00; 8 weeks - \$160.00
- _____ Open Freestyle hourly buy-on rate, all sessions: \$16.00/hr

*HUDSON VALLEY COMMUNITY COLLEGE ICE RINK: MONDAYS

SESSIONS: Duration and dates - MONDAYS

- _____ Session 1: 9 weeks - Nov. 7, 14, 21, 28; Dec. 5, 12, 19, 2011; Jan. 2, 9, 2012
- _____ Session 2: 8 weeks - Jan. 16, 23, 30; Feb. 6, 13, 20, 27; Mar. 5, 2012

PROGRAMS: Times and costs

- _____ Learn-To-Skate (ages 4-5), 6:45-7:10 PM (group lesson only - **no practice included**)
9 weeks - \$115.00; 8 weeks - \$105.00
- _____ Beginning Freestyle (more advanced figure skating skills), 6:45-7:35 PM
9 weeks - \$150.00; 8 weeks - \$135.00
- _____ Basic Skating Skills (ages 5–adult), 7:10-8:00 PM (group lesson plus practice/games time)
9 weeks - \$140.00; 8 weeks - \$125.00

***SWINBURNE PARK ICE RINK: FRIDAYS**

SESSIONS:

- _____ Session 1: 7 weeks - Dec. 2, 9, 16, 23, 30, 2011; Jan. 6, 13, 2012
- _____ Session 2: 7 weeks - Jan. 20, 27; Feb. 3, 10, 17, 24; Mar. 2, 2012

PROGRAMS: Times and costs

- _____ Learn-To-Skate (ages 4-5), 5:15-5:45 PM (group lesson only - **no practice included**)
7 weeks - \$80.00
- _____ Basic Skills (ages 5–adult) 5:15-6:15 PM (group lesson plus practice/games time)
7 weeks - \$100.00
- _____ Beginning Freestyle (more advanced figure skating skills), 5:45-6:45 PM
7 weeks - \$100.00

OVER THE EDGE, INC. 2010-11 REGISTRATION FORM

PLEASE FILL OUT COMPLETELY, SIGN, DATE & MAIL WITH PROGRAM & SESSION SELECTIONS & DEPOSIT/PAYMENT TO: *Pamela Tallent, Over The Edge, Inc., PO Box 3868, Albany, NY 12203* (for Albany Co. Hockey Facility and HVCC) or to *Jody TenEyck, 15 Patroon Pl., Glenmont, NY 12077* (for Swinburne Park only).

SKATER’S NAME _____ AGE _____

ADDRESS _____

PARENT/GUARDIAN NAME _____

PHONE # _____ EMAIL _____

PRIOR SKATING EXPERIENCE (if any) _____

(see next page for MEDICAL/LIABILITY RELEASE)

MEDICAL/LIABILITY RELEASE

In consideration of participating in **OVER THE EDGE, INC.** ice skating and related activities, I acknowledge that I understand the nature of the Activity and that I and/or my minor child am in good health, and in proper physical condition to participate in such Activity.

I fully understand that ice skating involves risks of serious bodily injury, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of participation in the Activity.

Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless **OVER THE EDGE, INC.**, the ice rink facility, their respective owners, administrators, directors, agents, officers, coaches, volunteers, employees, and other participants from any and all claims by me or on my behalf for any liability, injury, loss or damage in any way connected with my participation in the Activity.

I currently have, and agree to maintain throughout the time of participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entitles from providing this coverage for me.

I have read this release and waiver of liability, assumption of risk and indemnity and fully understand it.

SIGNATURE OF PARTICIPANT (OR PARENT OR GUARDIAN, IF UNDER 18 YRS. OF AGE)

----- Date -----