



# Monday Learn-to-Skate

## Select Class Level:

- Tots**  
Ages 3-5  
9:30-10:00am
- Intro**  
Beginners  
Ages 6 & Up  
\*Must be 6 before first class\*  
10:00-10:30am
- Pre Alpha 1**  
Must have passed Intro  
10:30-11:00am
- Pre Alpha 2**  
Must have passed PA1  
10:30-11:00am
- Alpha**  
Must have passed PA2  
11:00-11:30am
- Beta**  
Must have passed Alpha  
11:00-11:30am
- Gamma**  
Must have passed Beta  
11:00-11:30am
- Delta**  
Must have passed Gamma  
11:00-11:30am
- Freestyle**  
Must have passed Gamma  
11:30am-12:00pm

**TIME\$ SUBJECT TO CHANGE DEPENDING ON CLASS SIZE**



**PLEASE PRINT CLEARLY**

## Select Session(s):

- Session 1 - Fee: \$85**  
October 3rd-November 14th  
(No Class on Oct. 31st)  
*Deadline to Register: Sept. 22nd*
- Session 2 - Fee: \$85**  
November 21st-January 9th  
(No Class on Dec. 19th & 26th)  
*Deadline to Register: Nov. 10th*
- Session 3 - Fee: \$85**  
January 23rd-March 6th  
(No Class on Feb. 6th)  
*Deadline to Register: Jan. 19th*

**\$15 LATE FEE AFTER REGISTRATION DEADLINES**

6 classes of 30-minute lessons

*All Sessions Include Skate Rental & Helmets*

Practice ice time available before and/or after each lesson.

Skater Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ M F

Parent Name(s) (Please Print): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Check to receive SMS text notices/cancellations for LTS:

Secondary 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. I understand that any or all programs may be cancelled, without warning, if a suspected or positive case of COVID-19 is presented. I understand that if my child (ren) or myself voluntarily omits following TCDPR COVID-19 protocols, my child(ren) will not be allowed to participate and will be removed from the program. 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.



*Register Online*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:** Total Paid \_\_\_\_\_ Cash / Check / Charge Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

10028 Ocean Gateway, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107 • parks@talbotcountymd.gov