



ROSEVILLE SKATING SCHOOL

WINTER-SPRING 2023-2024 / 16 WEEK SESSION



Tuesdays, November 28 – April 9 (No Class 12/26, 1/9, 1/30, 2/13)

PROGRAM #	TIME	LEVEL
9101.166	5:45 - 6:15pm	Tots, Ages 3-5 (Helmets & Mittens Encouraged)
9101.167	6:15 - 6:45pm	Tots, Ages 3-5 (Helmets & Mittens Encouraged)
9101.168	6:15 - 6:45pm	Ages 6-8
9101.169	6:45 - 7:15pm	Ages 6-8
9101.170	7:15 - 7:45pm	Ages 9-18
9101.171	7:15 - 7:45pm	Adults 18+
9101.172	7:45 - 8:15pm	Synchro (Gamma or above)



Saturdays, Dec 2 – April 13 (No Class 12/23 12/30, 1/20, 2/17)

PROGRAM #	TIME	LEVEL
9101.173	8:00 - 8:45am	Freestyle 1 & 2
9101.174	8:30 - 9:15am	Freestyle 3 & 4
9101.175	10:30 - 11:15am	Freestyle 5 - 8
9101.176	11:30 - 12:00pm	Tots, Ages 3-5
9101.177	12:00 - 12:30pm	6-8 years old
9101.178	12:30 - 1:00pm	9-18 years old

30 MIN CLASS= REGULAR FEE \$180 / ROSEVILLE RESIDENT FEE \$170
 45 MIN CLASS= REGULAR FEE \$195 / ROSEVILLE RESIDENT FEE \$185

REGISTER ONLINE @ www.skatetheoval.com

An \$8.00 processing charge will be added to all cancellations. Registrations accepted on a first come, first served basis.
 * THERE ARE NO PROVISIONS FOR PRACTICE ICE OR MAKE-UP CLASSES *

Please call 651-792-7007 for additional information. Mail registrations to address on form.

KEEP THE TOP OF THIS FORM FOR YOUR INFORMATION

Participants Name:	Phone:	Parent/Guardian Name:
Home Address:	City:	State: Zip:

 2661 Civic Center Dr Roseville, MN 55113 651-792-7007	GENDER (circle one): F M BIRTHDATE: _____ STATUS: New Student ____ Returning Student ____ PROGRAM #: _____ PROGRAM NAME: _____ TEST PASSED: _____ Does participant have any disability, allergy or special need of which we should be aware? _____ Explain: _____ Liability Waiver: I understand that participation in this activity is completely voluntary. I recognize that there are risks in my participation in this activity. I agree to accept those risks. I also agree, in consideration for my being allowed to participate in this activity, and on behalf of myself, my heir, executors, administrators and assigns, to release and discharge the City or Roseville, sponsor (s) of the event or activity, and their officers, employees, agents, successors and/or assigns from liability for any and all injury, damage or loss that is or may arise from my participation in this activity. Data Practices Act Notice: Pursuant to the Minnesota Government Data Practices Act, you are being requested to furnish certain information that is classified as private under the Act. The City collects such information in order to properly process requests to participate in activities. You may refuse to provide such information, but such a refusal may affect your ability to participate. The information will be maintained by the City Park and Recreation Department, and may be accessible to anyone in the Department, or in other Departments of the City.
	Signature: _____ Date: _____ E-Mail: _____
	Fee Paid: _____ Date Paid: _____ Check #: _____ By: _____
	Visa or MasterCard #: _____ CCV#: _____ Exp Date: _____

Roseville Skating Center reserves the right to cancel or adjust any session due to insufficient enrollment

WINTER 2023-2024