

OVER THE EDGE, INC.

Ice Skating School

P.O. Box 3868
Albany, New York 12203

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2019-20 ICE SKATING SESSIONS & REGISTRATION FORM

Please select the **ICE RINK FACILITY**, **SESSION**, and **PROGRAM** for which you wish to register. Visit the “Program” page on the website for a full description of each.

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 on the first day of skating classes.

Please mail completed registration form, and check or money order payable to Over The Edge, Inc. For the **Albany County Hockey Facility Programs** send to: **Pamela Tallent, Over The Edge, Inc., PO Box 3868, Albany, NY 12203**. For the **Swinburne Park Programs** send to: **Jody TenEyck, 15 Patroon Place, Glenmont, NY 12077** (Jody's phone number 518-461-0552).

Please indicate on the form below, which **SESSION(s)** and **PROGRAM(s)** you wish to register for.

ALBANY COUNTY HOCKEY FACILITY: SUNDAYS

Pamela Tallent – Skating Director – phone: 518-861-1107

SESSIONS: Duration and dates – SUNDAYS

- ___ Session 1: 7 weeks – Sept. 29; Oct. 6, 13, 20, 27; Nov. 3, 10, 2019
- ___ Session 2: 7 weeks – Nov. 17, 24; Dec. 1, 8, 15, 22, 29, 2019
- ___ Session 3: 8 weeks – Jan. 12, 19, 26; Feb. 2, 9, 16, 23, Mar 1, 2020
- ___ Session 4: 8 weeks – Mar. 8, 15, 22, 29; Apr. 5, 19, 26; May 3, 2020

PROGRAMS: Times and costs

- ___ Learn-To-Skate (ages 3-4), 4:15-4:45 PM (group lesson – **no practice included**) 7 week session– \$115.00; 8 week session– \$130.00
- ___ Basic Skating Skills (ages 5-adult), 4:15-5:15 PM (group lesson plus practice time) 7 week session– \$135.00; 8 week session– \$155.00
- ___ Beginning Freestyle (more advanced figure skating skills, all ages), 5:15-6:15 PM 7 week session– \$140.00; 8 week session– \$160.00
- ___ Open Freestyle (ice time only, no instruction included) full session package rates, 5:15-6:45 PM – 7 weeks– \$140.00; 8 weeks– \$160.00
- ___ Open Freestyle hourly buy-on rate, all sessions: \$16.00/hr (ages 8 and over – 1 hr minimum buy-on)

SWINBURNE PARK ICE RINK: FRIDAYS

Jody TenEyck – Skating Director – phone: 518-461-0552

SESSIONS: Duration and dates – FRIDAYS

- ___ Session 1: 8 weeks – Jan. 10, 17, 24, 31; Feb. 7, 14, 21, 28, 2020

PROGRAMS: Times and costs

- ___ Learn-To-Skate (ages 3-4), 5:45-6:15 PM (group lesson only – **no practice included**) 8 week session – \$130.00
- ___ Basic Skills (ages 5-adult) 5:45-6:45 PM (group lesson plus practice/games time) 8 week session – \$155.00
- ___ Beginning Freestyle (more advanced figure skating skills), 5:45-6:45 PM 8 week session – \$155.00

OVER THE EDGE, INC. 2019-20 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) or to Jody TenEyck, 15 Patroon Pl., Glenmont, NY 12077 (for Swinburne Park).

SKATER'S NAME _____

AGE _____ DATE OF BIRTH _____

ADDRESS _____

PARENT/GUARDIAN NAME _____

PHONE # _____ EMAIL _____

PRIOR SKATING EXPERIENCE (if any) _____

SKATING LEVEL (if applicable) _____

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 _____