

GREATER MILWAUKEE FIGURE SKATING CLUB
“SKATE WITH US”
BASIC SKILLS GROUP LESSON PROGRAM

RINK FACILITY: Eble Ice Arena, 19400 W. Bluemound Road, Brookfield, WI., 53045

CLASS DAY AND TIME: Classes are held on Wednesday evenings from 6:15p-7:00p

REGISTRATION FEE: \$135.00 for seven weeks... \$240.00 for fourteen weeks

FAMILY DISCOUNT: Third participant...\$30.00 off

SKATE RENTAL: Available at Eble Ice Arena (No charge for skate rental)

TO ENROLL: Complete the section below (checks payable to: **Skate With Us**) and mail the ENTIRE form to:

SKATE WITH US PROGRAM

C/O Dawn Dahlman-Schwab

PO BOX 20881

Greenfield, WI. 53220-0881

(414)690-2954

dawnslearn2sk8@gmail.com

FIRST NAME: _____ LAST NAME: _____ MALE / FEMALE / OTHER

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ APT # _____

PHONE NUMBER: (____) _____ - _____ BIRTHDATE: ____/____/____ AGE: ____ EMAIL: _____

How did you hear about the “SKATE WITH US” Program? _____

Does this skater have any Medical conditions we need to be made aware of? YES / NO

If yes, please explain _____

I would like to enroll in the following seven week series...

_____ April 15, 2026 – May 27, 2026

_____ June 3, 2026 – July 15, 2026

_____ July 22, 2026 – September 2, 2026

_____ September 9, 2026 – October 21, 2026

_____ October 28, 2026 – December 16, 2026 (No class Nov. 25th)

As Parent, Guardian or Adult skater (18 years or older), I assume and discharge all financial obligations of enrollment and acknowledge all lessons are given as a group (not private) and all enrollment fees are non-refundable. Refunds are given only in the event of an injury/illness requiring hospitalization, or cancellation of classes by the Greater Milwaukee FSC due to lack of enrollment. All requests for refunds must be made in writing and proof of injury/illness is required. Remember all fees are **NON-REFUNDABLE**. There will be a \$35.00 fee for any returned checks.

I hereby waive, release and discharge all instructors and officers of the Greater Milwaukee FSC Skate With US Program for any and all claims for damage and/or all injuries arising as a result of his/her affiliation with the Greater Milwaukee FSC Skate With US Program.

Signature of Parent/Guardian or Adult Skater

(For GMFSC Office use only)

CLASS LEVEL: SNOWPLOW SAM _____ BASIC _____ FREESKATE _____ HOCKEY _____ POWER _____

DATE REC'D: ____/____/____ **RE-ENROLLMENT:** _____ **NEW ENROLLMENT:** _____

REGISTRATION FEE: \$ _____ **PAID BY:** CASH _____ CHECK _____ CK# _____ Venmo _____ Zelle _____

PAID BY: CC _____ (Eble) **DATE:** ____/____/____ **RECEIPT #** _____