

Learn to Skate and **Learn to Hockey**

with

SUPERSKATE

(Tammy Coley, Edges P.S.I.)

Learn to Skate & Learn to Hockey Classes for Ages 4 and up

Castledowns & Clareview Arenas - Winter 2021/22

The Learn to Skate program is for any children showing an interest in skating, whether for hockey, ringette, figure skating or just for recreation. (Skates and helmet required)

Learn to Skate Class 1 Mondays 3:45 – 4:15 p.m. Castledowns Arena

Cost: \$159 for 10 weeks starting Oct. 4/2021, ending December 13/2021

Or \$199 for 20 weeks starting Oct. 4/2021, ending March 14/2022

Learn to Skate Class 2 Tuesdays 3:45 – 4:15 p.m. Clareview Arena

Cost: \$159 for 10 weeks starting Oct. 5/2021, ending December 14/2021

Or \$199 for 20 weeks starting Oct. 5/2021, ending March 8/2022

The Learn to Hockey program is the same beginner level but with full hockey equipment, teaching basics of skating in a hockey environment focused on FUN.

Learn to Hockey Class 1 Mondays 3:45 – 4:15 p.m. Castledowns Arena

Cost: \$159 for 10 weeks starting Oct. 4/2021, ending December 13/2021

Or \$199 for 20 weeks starting Oct. 4/2021, ending March 14/2022

Learn to Hockey Class 2 Tuesdays 3:45 – 4:15 p.m. Clareview Arena

Cost: \$159 for 10 weeks starting Oct. 5/2021, ending December 14/2021

Or \$199 for 20 weeks starting Oct. 5/2021, ending March 8/2021

**** No previous skating experience necessary. First-time skaters welcome. ****

For more information, visit our website @
www.edgespsi.com or call (780) 454-6419

Schedule: Mondays Oct. 4, 18, 25, Nov. 1, 8, 15, 22, 29, Dec. 6, 13
 Tuesdays Jan. 3, 10, 17, 24, 31, Feb. 7, 14, 28, Mar. 7, 14
 Oct. 5, 12, 19, 26, Nov. 2, 17, 23, 30, Dec. 7, 14
 Jan. 4, 11, 18, 25, Feb. 1, 8, 15, 22, Mar. 1, 8

HOW TO REGISTER

1) MAIL/DELIVER registration form and full payment to
Edges P.S.I. 13017 – 137 A Street, Edmonton, AB, T5L 5A3

2) FAX completed form to (780) 454-8400

3) EMAIL to coleytr@telusplanet.net

4) In Person **REGISTRATION DAY:** **Wednesday, August 18, 2021**
Castledowns Arena
6 – 8 p.m.

Register early & do not be disappointed - these classes fill quickly!!

NOTE: Registration will be taken on a first come, first serve basis and must include payment.

Detach

Registration Form

- ___ Learn to Skate Class 1 (Mondays 3:45 - 4:15 p.m. Castledowns)
- ___ Learn to Skate Class 2 (Tuesdays 3:45 - 4:15 p.m. Clareview)
- ___ Learn to Hockey Class 1 (Mondays 3:45 - 4:15 p.m. Castledowns)
- ___ Learn to Hockey Class 2 (Tuesdays 3:45 - 4:15 p.m. Clareview)

Skater Name: _____

Address: _____ City: _____ Postal Code: _____

Birthdate: _____ Phone: (H) _____ (other) _____
Month Day Year

Parents Name(s): _____

Injuries or Health Concerns: _____ Health Care # _____

Previous skating experience (if any): _____ Email address: _____

How did you find out about the class? _____

Payment: **Cheque/Money Order/Cash** _____

Class Cost \$ _____

*Please make cheque or money order payable to
 Edges P.S.I., 13017 - 137 A Street, Edmonton, AB, T5L 5A3*

GST (GST Reg. #88216 5723 RT0001) + _____

Visa _____ **Mastercard** _____

TOTAL = _____

Card # _____ Expires _____

Cardholder Name _____

Authorizing Signature _____

No refunds or credits will be issued unless program is cancelled by Superskate Advanced Hockey Development Association or Edges Professional Skating Instruction (Tammy Coley). Class times and dates are subject to City of Edmonton ice availability. In the event of arena closures, full non-expiring credits will be issued. In consideration of the benefits awarded to us by acceptance of this application, the undersigned agrees to save and hold harmless and release Superskate Advanced Hockey Development Association, Edges Professional Skating Instruction, Tammy Coley, all coaches and assistants, and any private or municipal rink of and from any and all claim rising from bodily injury and property damage sustained by the student. All skaters must wear CSA Approved helmets for Learn to Skate, full CSA Approved hockey equipment for Learn to Hockey, and must adhere to all other safety measures in place.

Date: _____ Signature: _____

(Parent or Guardian)