

# ICE SKATING

Lakeshore Sport & Fitness is proud to announce the 2015/16 skating program on synthetic ice. Located on the kid's side of the Roof Deck, just outside Caley's Corner, the ice is available for complimentary open skating as well as a variety of great lessons and programs.

#### **FREE SKATE:**

Dedicated open skating time where all members can enjoy skating at their leisure. Hockey sticks and pucks are not allowed during these times.

#### **STICKS & PUCKS:**

Dedicated time for hockey related activities. You can test your shooting skills on one of our shooter tutor goaltenders. All skaters under the age of 18 are required to wear helmets during this as pucks will be in play.

**SKATING CLASSES:** We require a minimum of 3 participants for all classes.

# Learn to Skate 1:

Basics for the beginner skater, learn how to stand, fall, and skate without assistance.

# Learn to Skate 2:

Improve skating skills, introduction to advanced skills, hockey stops, cross overs, and skating backwards.

## Intro to Hockey:\*

For the proficient basic skater, beginner stick handling and basic game structure

# **Hockey Basics:\***

Stick handling, passing, shooting, defensive positioning, game positioning

# Private Lessons & Groups:

One of our team members will customize private or group classes for you

# 3 on 3 Hockey League:

3 on 3 hockey Teams play for 40 minutes. \$15/team of 3 or we pair you up for \$5/individual \*Classes to be held preferably on ice, if unavailable, class will be held indoors.

## **Special Events:**

Available for birthday parties & private events for children and adults.

For more information or to sign up

contact John Fitzgerald

773.770.2429

LPSkating@LakeshoreSF.com

A limited quantity of adjustable children's skates are available for \$ 10/ Rental.

Lesson Pricing	Private 1-on-1 30 minute	Private 1-on-1 45 minute	Semi-Private 1-on-1 30 minute	Semi-Private 1-on-1 45 minute
Members	\$45	\$60	\$20	\$35
Non-Members	\$60	\$75	\$35	\$45

Program Pricing	Winter Two (1/10- 2/28)	Spring Session (2/29- 4/17)
Members	\$125	\$125
Non-Members	\$175	\$175

# Class & Lesson Options (please circle)

LSF SKATING SCHEDULE 1.10.2016 - 4.17.2016, Weekdays 3:30 - 8:00 PM, Weekends 9:00 - 4:00 PM					
WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
3:30pm Free Skate	3:30pm Free Skate	3:30pm Learn to Skate 1	9:00am LSF Lessons	9:00am Learn to Skate 1	
4:15pm LSF Lessons	4:15pm Free Skate	4:15pm Learn to Skate 2	9:45am Learn to Skate 1	9:45am Learn to Skate 2	
5:00pm LSF Lessons	5:00pm Sticks & Pucks	5:00pm LSF Parties Free Skate	10:30am Learn to Skate 2	10:30am LSF Lessons	
5:45pm Intro to Hockey	5:45pm Sticks & Pucks	5:45pm LSF Parties Free Skate	11:15am Intro to Hockey	11:15am 3-on-3 League Play	
6:30pm Hockey Basics	6:30pm 3-on-3 League Play	6:30pm LSF Parties Free Skate	12:00pm Sticks & Pucks	12:00pm Sticks & Pucks	
7:15pm Sticks & Pucks	7:15pm 3-on-3 League Play	7:15pm LSF Parties Free Skate	12:45pm LSF Parties Free Skate	12:45pm LSF Parties Free Skate	
			1:30pm LSF Parties Free Skate	1:30pm LSF Parties Free Skate	
			2:15pm LSF Parties Free Skate	2:15pm LSF Parties Free Skate	

Participant's Name		Date	
(Children's Programming Only) Birthday	Age	M / F Parent / Guardian's Name	
Phone	Em	nailAddress	
Emergency Contact Name		Phone	
Membership Status: Member Number		○ Guest	
Payment: We bill for the full session at the tir	ne of purchase. Total:		
Payment Method Oheck (please enclo	se check) #	O House Charge O Credit card	
Credit Card	Card Number	Exp. Date	
reservations and private lessons. Proration only applied to Terms and Conditions I agree to assume full risk and to ages or loss sustained on account of participation in this p	late enrollment, not for classes missed waive, relinquish, and release all claims ogram. I understand that I am responsib	eshore account if payment is not received with registration form. There is a 24 hour cancelation policy for during a session. No refunds are given for any programs without a medical reason.  s against the agents, servants, and employees of Lakeshore from any such claims resulting in injury, da ple for all personal medical insurances and that as a participant must cover all medical costs incurred. I all gency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached.	
Parent / Guardian Signature		Date	