The Teams at Center Skating Academy
Open House September 7th & 14th 2025

_____

Skaters name Date of birth

_____

Address State Zip

_____

Email Phone

_____

ISI Skating Club ISI# Test Level

_____

USFSA Skating Club USFSA# Test Level

I have skated on a synchronized skating team before. ____ Yes ____ No
If Yes, which team? _____
I have participated in Production team skating before. ____ Yes ____ No
If Yes, which team? _____

Pre-Registration: I will attend (pre-registration ends 9-4-24)

_____ Saturday September 7, 2024, 12:00 – 1:00pm $20

_____ Saturday September 14, 2024, 11:00 – 12:00pm $20

Walk-in: (anyone registering after 9-4-24 or walking in on the day)

_____ Saturday September 7, 2024, 12:00 – 1:00pm $30

_____ Saturday September 14, 2024, 11:00 – 12:00pm $30

Waiver:

I skate at my own risk for _____and hereby release the host rink and their personnel from all liability.
Signature of skate: _____ Date: _____
Parent or Guardian:_____ Date:_____

Payments:

Check payable to: Teams at Center Skating Cash (for non-preregistered only)
Mail to: Center Skating Academy
C/O Christine Bradford
121 Donald Lynch Blvd
Marlborough, MA 01752