



2017 WINTER SKATING SCHOOL  
AT NIAGARA UNIVERSITY ICE COMPLEX (NU)  
& HOCKET OUTLET ICE COMPLEX (HO)

SCHEDULE FOR SEMI-PRIVATE LESSONS  
November 13 – January 19 (9 week program)

**Days:** Monday(NU) Tuesday(HO) Wednesday(NU) Thursday(HO) Friday(NU)  
5:15-5:45pm. 4:30-5:00pm. 6:00-6:30pm. 4:30-5:00pm. 4:55-5:25pm.

**Cost:** \$149 (This includes the cost of the ice time for 9 weeks of a 30min. session and the cost of 9 weeks of a 15min. semi-private lesson.)

**Payment Due:** November 11. No skating the week of December 25.

**Semi-private lesson**-consists of 1 coach and 2 students for 15 minutes, which is given during a 30 minute figure skating session. Therefore, the students can practice for 15 minutes on what they have learned. Please note that for the younger skaters that are not ready to practice by themselves, they can go into the class for free during their practice time. The progression of our program is from classes to semi-private lessons. The number and difficulty of the elements taught to a student is increased in this program compared to the classes. If you are absent for your semi-private lesson, the other skater will get a private lesson but you can make-up the ice time.

Please add \$15 to your payment for the registration fee. This will be valid from July 1, 2017-June 30, 2018 and is mandatory. Unless already paid for with the class program.

It is strongly recommended that your child use figure skates (with a toe pick at the front of the blades) for them to get the most out of this program.

No refund once each session starts and no make-ups for the lesson, only the ice time. Your cancelled check will be your confirmation. For more information on practice ice, please call (716) 636-7401.

Please send the completed application with check payable to:  
MITCHELL'S SKATING CENTER, INC., P.O. BOX 1235, Williamsville, NY 14231 or you can sign-up and pay online at [www.mitchellskating.com](http://www.mitchellskating.com).

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2017 WINTER SEMI-PRIVATE LESSONS APPLICATION

Skater's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Parent's Email \_\_\_\_\_

ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_ M or F \_\_\_\_\_  
ST. Town Zip

Circle Day Requested: MON. TUE. WED. THUR. or FRI.

It is understood that Niagara University, Hockey Outlet, Mitchell's Skating Center, Inc., the Professional Staff or any assistants shall not be responsible for any accidents or loss of personal property on or off the ice and the right to recovery is hereby waived and I give permission to use photographs of myself/child on Mitchell's Skating Center's web site and Facebook page:

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian if applicant is a minor)