

**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  
[dawndslearn2sk8@gmail.com](mailto:dawndslearn2sk8@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...

\_\_\_\_\_ February 26, 2025 – April 9, 2025  
 \_\_\_\_\_ April 16, 2025 – May 28, 2025

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

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**(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 #** \_\_\_\_\_

