



## Learn To Skate USA\* Registration

*Taught by Annapolis Skating Academy\* at the  
Brigade Sports Complex*

**Session # 1** (7 weeks)

**Saturdays: September 14th - October 26th**

**Authorized Patrons: \$150 Civilians: \$160**

*In order to sign waiver, it's recommended to provide form in person,  
or email ([bsc@usna.edu](mailto:bsc@usna.edu)).  
Please do not include credit card information on faxed/emailed forms.*

**All participants are REQUIRED to register for a Learn to Skate USA Annual Membership (\$17).  
Please visit [www.learntoskateusa.com](http://www.learntoskateusa.com) or scan QR code  
below to register, then provide membership number  
on registration form.**



*\*Disclaimer: Neither the Department of the Navy, the United States Naval Academy, nor any other component of the Department of Defense endorses the Annapolis Skating Academy, Learn to Skate USA, or US Figure Skating.*

**Privacy Act Statement:**

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 26 U.S.C. 6041; BUPERS Instruction 1710.11C, Operations of Morale, Welfare and Recreation Programs 2003; MCOP 1700.27, Marine Corps, Morale, Welfare and Recreation Policy Manual, Ch 1; NAVSO P-3520, Financial Management Policies and Procedures for Morale, Welfare and Recreation Programs; and E.O. 9397 (SSN); and SORN NM01700-1

**PRINCIPLE PURPOSE:** To collect registration and payment information necessary to administer skating lessons offered by Naval Academy Business Services Division.

**ROUTINE USE(S):** Used by Naval Academy Business Services Division to register participants for skating lessons, to facilitate the event, and document waiver of liability; by credit card processors to process payments; and by treatment facilities for health care if necessary.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in not being able to participate in skating lessons.

**Brigade Sports Complex**  
**64 Greenbury Point Rd Annapolis, MD 21402**  
**410-293-9700**  
**Email: [bsc@usna.edu](mailto:bsc@usna.edu)**



## LTS Practice Sessions:

We will have 5 one hour practice sessions available for students of the current Learn to Skate session.

### Practice Session Dates:

9/14, 9/21, 10/12, 10/19, 10/26 - 4:30pm-5:30pm

**These sessions are open to students in the current session ONLY (no parents, siblings, or other guests allowed on ice during this time). Skaters in the Snowplow level classes may have ONE adult skate with them. Adult must pay practice session rate (\$7) and skate rental fee (\$3).**

Practice sessions can be paid for in advance in bulk for **\$25**, or on a walk in basis for **\$7/session**. Practice sessions must be paid for before student takes the ice. Skate rental included. To register in advance, simply check the corresponding box on registration form. (Practice sessions can not be pro-rated, discounted, refunded, or carried over to additional LTS sessions)

### COVID Policies

The BSC follows instruction set forth by the Department of Defense and US Naval Academy. As of March 1st 2022, masks are no longer required in our facility, but COVID policies and/or operational status are subject to change.

### Your Child's First Day of Skating

**Helmets.** All Snowplow Sam skaters are required to wear one, and it is suggested for all other beginning skaters. Helmets approved by the US Consumer Product Safety Commission (CPSC) are suggested. Fasten buckle and check strap adjustment often. Don't allow your skater to wear anything under the helmet, and replace immediately if it shows any visible signs of damage. Never allow them to wear a helmet that does not fit or cannot be adjusted properly. **THE BSC DOES NOT PROVIDE HELMETS.**

**Keep them warm.** Since kids in the younger levels are taught to fall properly on day one, gloves (not mittens!) are imperative to prevent hands from getting cold. Also, avoid bulky items like ski pants, which restrict movement, and opt for warm layers instead.

**Fitting Skates.** Try on skates until the most comfortable pair is found. The rule of thumb: the closer the fit, the more control. Boots should be snug, giving toes just enough wiggle room without pinching. Feet should be immobile with the heel far back in the boot. Solid support is also necessary as staying upright takes a considerable amount of strength.

**Note:** Be aware that rental skates are designed to fit everyone. Shoe size does not necessarily match skate size. For help, use sizing mat located at Skate Rental.

Session #1

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SATURDAY	<u>2:30</u>	<u>3:00</u>	<u>3:30</u>	<u>4:00</u>	<u>4:30</u>
	Snowplow 1	Snowplow 2	Basic 2	Basic 4	Practice Sessions 9/14 9/21 10/12 10/19 10/26
	Pre-Freestyle	Snowplow 3		Basic 5	
	Freestyle Levels 1 - 6	Snowplow 4	Basic 3	Basic 6	
		Basic 1			

**\*\*Helmets required for ALL Snowplow levels\*\*  
THE BSC DOES NOT PROVIDE HELMETS.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Level/Time \_\_\_\_\_

\*2024/2025 USFS # (Required) \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Visa/MC/AX Name on Card \_\_\_\_\_

CC # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Waiver: I approve of my child's attendance at the Brigade Sports Complex and certify that he/she is in good health and able to participate in the program activities. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. \_\_\_\_\_

In further consideration of the Brigade Sports Complex accepting this application, I hereby agree to save and indemnify and keep harmless the BSC, its agents, sponsors and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the Brigade Sports Complex Learn to Skate Program.

Medical Information-Authorization: I, being the guardian of the above applicant, authorize the Brigade Sports Complex and its agent's permission to request medical treatment as necessary to insure the well being of the applicant.

Parent/Guardian Signature \_\_\_\_\_

### Practice Sessions:

(Check box to register for all 5 sessions in advance (\$25))