

2025 Learn to Skate Fall Registration

SESSION: _____

Skater's Name: _____

Address (street, city, state, zip): _____

Birth Date: _____ USFSA #: _____

Parent/Guardian: _____

Contact #: _____

Email: _____

Emergency Contact Name and #: _____

The use of the Anthony J. Crisafulli, James P. Cullinan, and Campus Center Hockey rinks could result in personal injury. The parent and/or guardian or skater if over 18 assumes all risks of personal injury or damage to the skater and/or his/her property that he/she may suffer by using the Anthony J. Crisafulli, James P. Cullinan, and Campus Center Hockey rinks. The parent/guardian/skater further acknowledges that since they or their child is using the Anthony J. Crisafulli, James P. Cullinan, and Campus Center Hockey rinks at their own risk, the Oswego Figure Skating Club bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the Anthony J. Crisafulli, James P. Cullinan, and Campus Center Hockey rinks. As parent/guardian or skater over 18, I expressly acknowledge my understanding and acceptance of the information contained in the registration packet and agrees to assume all risks of any personal injuries whatsoever that my son/daughter or I may incur during the use of the Anthony J. Crisafulli, James P. Cullinan, and Campus Center Hockey rinks /Oswego Figure Skating Club sessions.

Parent or Guardian of Skater: _____ Date: _____

Location: Anthony J. Crisafulli Rink (Fort)

Fall Session Dates: Wednesday, October 1st-Wednesday, December 17th, 2025

Cost: \$148.00 Registration fee and \$22 USFSA Membership fee

Wednesdays 6:00-7:00 pm

No LTS on Wednesday, November 26th, 2025

Each session includes one 30-minute group lesson, and one 30-minute practice session

Additional ice time for practice and/or private lessons can be purchased through the OFSC Full Club Open Ice times. See a board member for a coach brochure.

*All skaters must renew their USFSA membership prior to skating in the LTS Sessions.

Payment:

Notes:

Amount Paid: _____

Amount Owed: _____

Balance Due: _____

Board Member Initials/Date: _____