

# IWSA ALL SEASON YOUTH HOCKEY SCHOOL INDIANA/WORLD SKATING ACADEMY

Spring I 2009

## WEDNESDAYS:

6:00 – 6:30 p.m. *Beginner Mite* (ages 7 – 8) *Squirt* (ages 9 – 10)

6:30 – 7:00 p.m. *Pee Wee* (ages 11 – 12) *Bantam* (ages 13 – 14)

7:00 – 7:30 p.m. *Midget* (ages 15 – 18)



### Dates:

March 11, 18, 25  
April 1, 8, 15, 22, 29  
Next session begins

Parents are  
not allowed  
on the ice  
with their  
child.

### Instructors:

Serguei Zaitsev, PSA Master  
Rated, Master of Sport Russian  
Federation  
Gail King, Hockey Certified I, II  
& Power Skating, PSA registered

*\*\*Register any time during the session. \*\*Classes may be combined or split as needed. \*\*Refunds given due to illness or injury only.*

*(Please do NOT tear off)*

**For registration, ALL LINES MUST BE COMPLETED and, PLEASE PRINT.**

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Parent's Email: \_\_\_\_\_

Is this your first class at I/WSA? YES or NO Where did you hear about our program? \_\_\_\_\_

**Level you are registering for:** \_\_\_\_\_

### COST PER 8 WEEK SESSION:

\$ 85.00 per person \*\*\*\*\*Pre-Registration Price Only\*\*\*\*\*

**\*\*I/WSA must receive registration + payment (in full) by March 4th\*\***

\$ 95.00 per person, if registering after March 4<sup>st</sup>

\$ 15.00 per person Single lesson

Please mail payment and registration to: I/WSA, 201 S. Capitol Ave. #001, Indianapolis, IN 46225. For more information, visit our website: [www.iwsa.org](http://www.iwsa.org) Questions Please call 317-237-5565 or email [probinson@iwsa.org](mailto:probinson@iwsa.org)

Amount Pd.: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Visa MC Disc. Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name exactly as it appears on the card: \_\_\_\_\_

Security code number: \_\_\_\_\_ (This is the 3- or 4- digit id number on the back of your card)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**\*\*\*\*PLEASE SIGN WAIVER ON THE BACK\*\*\*\***

LTS Spring I 2009, Hockey school