

**\*\*NEW\*\* WINTER 2024/25**

# **ADULT** **Power Skating**

*with*

## **SUPERSKATE**

(Tammy Coley, Edges P.S.I.)

Friday mornings, 6:15 – 7:15 a.m.  
October 4<sup>th</sup>, 2024 – March 14<sup>th</sup>, 2025

Castledowns Arena

\$399 + GST

*Whether you're looking to tune up some skills, trying to get back into hockey, just starting out, or wanting to take your skating to the next level, this 20-week program is for you! Our expert coaches can help you AND we'll have some fun along the way!!*

For more information, visit our website @

[www.edgespsi.com](http://www.edgespsi.com)

or email [coleytr@telusplanet.net](mailto:coleytr@telusplanet.net)

Schedule:            Fridays                            Oct. 4, 11, 18, 25, Nov. 1, 15, 2, 29, Dec. 6, 13, 20  
Jan. 10, 24, 31, Feb. 7, 14, 21, 28, Mar. 7, 14

**HOW TO REGISTER**

1) EMAIL this form, including full payment, to [coleytr@telusplanet.net](mailto:coleytr@telusplanet.net)

2) MAIL/DELIVER registration form and full payment to  
**Edges P.S.I.** 13017 – 137 A Street, Edmonton, AB, T5L 5A3

3) IN PERSON REGISTRATION DAY:  
   Wednesday, August 14, 2024  
   Castledowns Arena  
   6 – 8 p.m.

(NOTE: A confirmation email will be sent when registration is successfully processed. If you have not received a confirmation email, you are not registered and should contact us at [coleytr@telusplanet.net](mailto:coleytr@telusplanet.net))

**NOTE: Registration will be taken on a first come, first serve basis and must include payment.**

# **Registration Form**

Skater Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (other) \_\_\_\_\_  
Month Day Year

Injuries or Health Concerns: \_\_\_\_\_ Health Care # \_\_\_\_\_

Previous skating experience (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

How did you find out about the class? \_\_\_\_\_

**Payment:**

Class Cost                            \$ \_\_\_\_\_

GST (GST Reg. #88216 5723 RT0001)    + \_\_\_\_\_

TOTAL                                    = \_\_\_\_\_

**Cheque/Money Order/Cash** \_\_\_\_\_

*Please make cheque or money order payable to  
Edges P.S.I., 13017 - 137 A Street, Edmonton, AB, T5L 5A3*

**Visa** \_\_\_\_\_

**Mastercard** \_\_\_\_\_

Card # \_\_\_\_\_

Expires \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

**No refunds or credits will be issued unless program is cancelled by Superskate Advanced Hockey Development Association or Edges Professional Skating Instruction (Tammy Coley). Class times and dates are subject to City of Edmonton ice availability. In the event of arena closures, full non-expiring credits will be issued.** In consideration of the benefits awarded to us by acceptance of this application, the undersigned agrees to save and hold harmless and release Superskate Advanced Hockey Development Association, Edges Professional Skating Instruction, Tammy Coley, all coaches and assistants, and any private or municipal rink of and from any and all claim rising from bodily injury and property damage sustained by the student. All skaters must wear CSA Approved helmets for Learn to Skate, full CSA Approved hockey equipment for Learn to Hockey, and must adhere to all other safety measures in place.

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