



# Churchill Rink at Jackson's Landing

2025-2026 LEARN TO SKATE LESSON REGISTRATION

All lessons are on Saturday mornings. Class 1, 8:50, Class 2, 9:30



**SESSION 1:** October 25 - December 13. (7 classes, no class November 29)

Registration closes at 5pm on Monday, October 20.

**SESSION 2:** January 3 - February 14. (7 classes)

Registration closes at 5pm on Monday, December 29.

All students must also register for a **Learn to Skate USA** membership prior to their first class. There is a fee of \$20.00 for LTS USA membership payable to them. When you sign up for LTS USA, be sure to choose **"CHURCHILL RINK SKATING SCHOOL"** as your skating program. Each student must be a member of LTS USA. Use this link to access the LTS USA website - [REGISTER - LEARN TO SKATE USA](#)

The minimum age requirement for Session 1 is 4 years old as of October 25th, 2025.  
The minimum age requirement for Session 2 is 4 years old as of January 3rd, 2026.

**HELMETS FOR ALL STUDENTS ARE MANDATORY.**

**The cost of the program per session is \$150.00 per student.**

Payment and registration may be completed in person prior to deadline by cash, check, or credit card at the rink.

Or, you may mail the registration form with payment to us at the rink.

**Churchill Rink, 10 Old Piscataqua Road, Durham NH 03824**

Please make checks payable to **TOWN OF DURHAM, CHURCHILL RINK**

Student Name: \_\_\_\_\_ Age as of registration deadline: \_\_\_\_\_

Level you think the student should start. Please check one.

- Snowplow Sam 1 (Beginner, Ages 4-6)                       Snowplow Sam 2 (Some skating experience, Ages 4-6)
- Snowplow Sam 3/4 (Confident skater, Ages 4-6)       Basic 1 (Beginner, Ages 7+)
- Basic 2 (Some skating experience, Ages 7+)               Basic 3/4 (Confident skater, Ages 7+)
- Hockey 1 (Beginner, Ages 6+)       Hockey 2/3 (Some skating experience, Ages 6+)

For questions regarding level for your child, please email Stephanie Morgan at: ([LTS@CI.DURHAM.NH.US](mailto:LTS@CI.DURHAM.NH.US))

IF REGISTERING FOR SNOWPLOW SAM 1 OR BASIC 1: INDICATE YOUR PREFERRED CLASS TIME.

8:50AM     9:30AM    This is not a guarantee of placement. You will be notified of your skater's class time by email prior to the first day of lessons.

Parent/Guardian Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned, being the parent or guardian of the student, do hereby unconditionally remise, discharge, quitclaim, and fully release the Town of Durham, New Hampshire, and the town's agents, employees, officials, successors and assigns, from any and all claims, demands and causes of action and liability of whatsoever nature arising from my, or my minor child's participation in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_