



Lesson Class Dates:

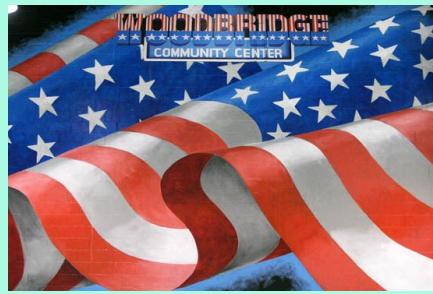
Monday

July 22	July 20
July 29	July 27
August 05	August 03
August 12	August 10
August 19	August 17
August 26	August 24

Saturday



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**Open Public Roller Skating
Schedule 2024**



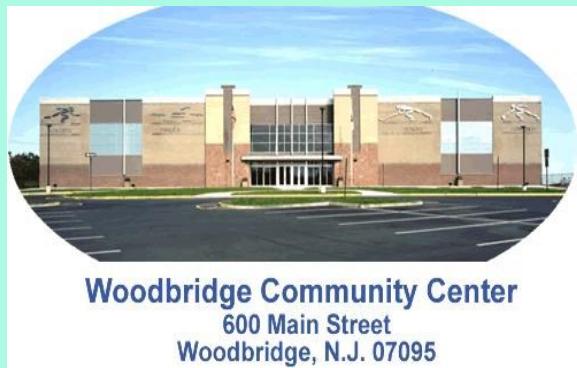
**Wednesday Evening
6:00 pm - 8:30 pm**

**Friday Evening
6:30 pm - 9:30 pm**

**Saturday
12:00 pm - 5:00 pm
6:00 pm - 8:30 pm**

**Sunday
12:00 pm - 5:00 pm**

**No refunds or credits given
for any reason.
No Personal Checks
Accepted**



Woodbridge Community Center
600 Main Street
Woodbridge, N.J. 07095



www.NJWCC.com

**Learn to Roller
& Inline Skate**



Summer Session:

**Monday: July 22— August 26
Saturday: July 20— August 24**

**Current Participants-Registration Starts
Saturday— July 13
Monday— July 15**

Must Provide Evaluation form to Register

**Open Registration Starts
July 16**

**Woodbridge Community Center
600 Main St.
Woodbridge, NJ 07095**





Lesson Format

Classes consist of 40 minutes of instruction plus 20 minutes of practice time. The first day of class will consist of a 10 minute assessment and equipment check followed by 30 minutes of instruction. Participants should be ready for their scheduled start time of class. It is sometimes necessary to repeat a level in order to master all of the skills required to advance to the next level.

Lesson Cost (6 Lesson Series):

Adult Levels \$110

Level Jr.—Level 5 \$110

2 Classes Per Week: \$220

Level 6 (Trophy Achievement Level) \$120

Membership Discount:

For the Registered Member: 15%

Helmets are not required – but strongly recommended for beginners. (Bike Helmet or Ice Hockey Helmet)

NO REFUNDS OR CREDITS WILL BE GIVEN

NO PERSONAL CHECKS ACCEPTED!

NO MAKE UPS!!

SATURDAY:

Class Schedule:

Lesson: 9:30-10:10 am; Practice 10:10-10:30 am

Saturday 9:30-10:10am Class:

<input type="checkbox"/> Level Jr. (age 4&5)	<input type="checkbox"/> Level 5
<input type="checkbox"/> Level 1	<input type="checkbox"/> Adult 1
<input type="checkbox"/> Level 2	<input type="checkbox"/> Adult 2
<input type="checkbox"/> Level 3	<input type="checkbox"/> Adult 3
<input type="checkbox"/> Level 4	<input type="checkbox"/> Adult 4

Class Schedule:

Lesson: 10:30-11:10 am; Practice 11:10-11:30 am

Saturday 10:30-11:10am Class:

<input type="checkbox"/> Level Jr. (age 4&5)	<input type="checkbox"/> Level 5
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 6
<input type="checkbox"/> Level 2	<input type="checkbox"/> Adult 1
<input type="checkbox"/> Level 3	<input type="checkbox"/> Adult 2
<input type="checkbox"/> Level 4	<input type="checkbox"/> Adult 3



MONDAY:

Class Schedule:

Lesson: 6:00-6:40 pm; Practice 6:40-7:00 pm

Monday 6:00-6:40pm Class:

<input type="checkbox"/> Level Jr. (age 4&5)	<input type="checkbox"/> Level 5
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 6
<input type="checkbox"/> Level 2	<input type="checkbox"/> Adult 1
<input type="checkbox"/> Level 3	<input type="checkbox"/> Adult 2
<input type="checkbox"/> Level 4	<input type="checkbox"/> Adult 3

Adult 4

Class Schedule:

Lesson: 7:00-7:40 pm; Practice 7:40-8:00 pm

Monday 7:00-7:40pm Class:

<input type="checkbox"/> Level Jr. (age 4&5)	<input type="checkbox"/> Level 5
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 6
<input type="checkbox"/> Level 2	<input type="checkbox"/> Adult 1
<input type="checkbox"/> Level 3	<input type="checkbox"/> Adult 2
<input type="checkbox"/> Level 4	<input type="checkbox"/> Adult 3

Adult 4

All requested transfers **MUST** be requested **BEFORE** the **START** of the **FIRST DAY** of the session.

Summer Session

Roller Registration

For Ages 4 yrs. and older

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

AGE _____ DOB _____

Children under the age of 13 must be accompanied by an adult

NAME _____ PARENT/GUARDIAN

HOME PHONE _____

OTHER PHONE _____

EMAIL ADDRESS (Required)

MAKE UP POLICY

STUDENTS ARE NOT ALLOWED TO TAKE MAKE UPS. DUE TO EXCESSIVE AMOUNTS OF MAKE UP CLASSES BEING REQUESTED, THE INSTRUCTORS ARE UNABLE TO CONSISTENTLY PROVIDE A HIGH LEVEL OF CONTINUITY BECAUSE OF THE CHANGING NUMBER OF STUDENTS EACH WEEK IN CLASS. PLEASE UNDERSTAND THAT THIS IS FOR THE BENEFIT OF OUR STUDENTS AND INSTRUCTORS.

Disclaimer: Parents/Guardians of participants assume inherent risks in the sport of roller skating. Neither The Woodbridge Community Center or Twp. Of Woodbridge are responsible for accidents or injuries or lost or stolen property. No refunds or credits for any reason. I have read and agree to the above.

PARENT SIGNATURE _____

Card # _____

Exp Date: _____