

2019-2020 Merrill Ice Reflections Figure Skating Club Registration

****Optional to pay 2nd half of lessons on January 8, 2020 or Pay in Full****

Snowplow Sam (Group Lessons Ages 3-4) 30 minutes per week on Wednesdays = \$75

Name _____ Time (Circle): 5:30 or 6:30 \$ _____

Name _____ Time (Circle): 5:30 or 6:30 \$ _____

Basic Skills (Group Lessons Ages 5+) 50 minutes per week on Wednesdays = \$150

Name _____ Time (Circle): 5:30 or 6:30 \$ _____

Name _____ Time (Circle): 5:30 or 6:30 \$ _____

Name _____ Time (Circle): 5:30 or 6:30 \$ _____

Crossovers (Semi-Private Lessons: Basic Level 4-Free Skate 1) on Sundays 5-6 p.m. = \$300 (costume included)

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Free Skate 2-6 (Group Lessons) 50 minutes per week on Sundays 6:00-6:50 p.m. = \$150

Name _____ \$ _____

Name _____ \$ _____

One hour of advanced ice on either Wednesdays or Sundays = \$192 (ONLY for skaters who are taking Free Skate 1 OR Free Skate 2-6 Group Lessons)

Name _____ \$ _____
(circle your choice) Wednesdays OR Sundays

Name _____ \$ _____
(circle your choice) Wednesdays OR Sundays

Advanced Skating Ice Time: Wednesdays 7:30-9:30 p.m. or Sundays 7:00-9:00 p.m. Minimum 2 hours a week if you are not in a group lesson = \$384

Name _____ \$ _____
(circle your choice) Wednesdays (2 hrs) OR Sundays (2 hrs) OR Wednesdays and Sundays (1 hr each night)

Name _____ \$ _____
(circle your choice) Wednesdays (2 hrs) OR Sundays (2 hrs) OR Wednesdays and Sundays (1 hr each night)

Rink Monitor Deposit \$100 per family (for Crossovers and Advanced Skaters ONLY) collected ☐

Please write separate check, will be returned to you upon completion of duties

Show Costume \$50 & Tights \$5 - Mandatory deposit of \$30 per child

Name _____ Tights: Yes / No \$ _____

Name _____ Tights: Yes / No \$ _____

Name _____ Tights: Yes / No \$ _____

USFSA Membership (required of all skaters) \$20 per skater (\$4 for instructors/helpers only - you pay the LTS instructor membership on your own)

Associate Member (all board members and advance skater with voting privileges) \$5

Non-voting on-ice volunteer \$1 \$ _____

Total Due for Skating Season \$ _____

Treasurer Use Only~Payments Made: Date _____ ck # _____ cash ☐ \$ _____

Merrill Ice Reflections Figure Skating

Skater's Name _____ Birthdate: _____

Skater's Name _____ Birthdate: _____

Skater's Name _____ Birthdate: _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Insurance Company _____ Insurance Group # _____

Hospital _____ Doctor's Name _____

By registering your child/children for MIRFSC you agree to the following for the 2019-2020 skating season:

- I have adequate insurance protection for our son/daughter and will assume ALL RESPONSIBILITY for any medical bills and medical transport incurred from injuries received while participating in any related activities for Merrill Ice Reflections Figure Skating Club.
- I authorize medical treatment in the event of an emergency if I am not present.
- I understand and acknowledge that MIRFSC is not responsible for cancellation of ice due to mechanical failure, weather, or any other circumstances beyond our control and refunds will not be given. Make up lessons/ice time will be attempted, but is not guaranteed.
- The Merrill Ice Reflections Figure Skating Club reserves the right to use any pictures taken during the 2019-2020 season for advertising and/or instructional purposes.
- Once the skating session starts, there will be no refunds except for medical with a doctor's excuse.
- Costumes must be paid in full even if you withdraw from the skating club.

Parent/Guardian Signature _____ Date _____

Merrill Ice Reflections Figure Skating Club

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement

In consideration of my participation in Merrill Ice Reflections Figure Skating Club activities and any Learn to Skate USA related activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Merrill Ice Reflections Figure Skating Club, Learn to Skate USA, their respective administrators, directors, agents, officers, volunteers, employees, instructors and any sponsors and advertisers of any sanctioned event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim, I agree I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk and indemnity agreement and fully understand it.

Participant Name _____ Date _____

Participant Name _____ Date _____

Participant Name _____ Date _____

Parent/Guardian Signature _____ Date _____
(18 years of age or older)