



Skating Club of Utica Whitestown, Inc.  
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August 15, 2020

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Dear Parents & Skaters,

Hope this letter finds you all healthy. Our 2020-2021 season will begin soon, but not without a few changes to our schedule. We have worked hard to arrange our schedule so that all skaters are able to return to the ice. With the restrictions set forth during the current pandemic, Whitestown has new rules in regards to the number of skaters on the ice and allowing parents in the warming room. As of today, there are a total of 20 bodies allowed in the rink at one time (coaches, skaters, one board member). No parents, guardians or spectators are allowed in the bleachers, warming room or building. To accommodate our little skaters (Basic Level) and parents the club has secured **SATURDAY 9:00 am ICE at the ADIRONDACK BANK CENTER until December.**

At the completion of this session, if rules change we will re-evaluate our schedule. The Auditorium allows for 25 skaters on the ice and one parent/guardian per skater. The club feels this is best for skaters and parents. It also presents a great opportunity for the skaters to be able to skate on Adirondack Bank Center ice on a regular basis.

Low, Mid, High skaters will remain at Whitestown and be split into two groups. We will post the groups in the coming days. Only coaches and skaters will be allowed in the rink. One board member will be present to assist skaters and coaches where needed. Parents are to wait in their cars. A full list of rules will be sent via remind.

***Please make sure you join the new season Remind:  
Text: 81010 Text this message: @skate20***

**Both rinks do require face coverings.** Skaters are able to remove their masks once on the ice.

In December, we will re-evaluate the current regulations and adjust accordingly. Basic is set to start Saturday, September 12, 2020. Low, Mid, High will start at Whitestown Sunday, September 13, 2020 Learn to Skate (LTS) will start on Saturday the following week. Both sessions will tentatively end Saturday, December 12, 2020 or Sunday, December 13, 2020.

  
**OVER...**

If you plan on registering please text or Remind me and I will put you on the list. We will have a limit to the number of skaters. If we have any space available on Saturday mornings we will be offering a Learn To Skate class. If you know anybody who would like to skate please have them contact me to put them on our wait list. After our club members have signed up we will begin to accept new members.

These are challenging times and we appreciate your understanding as we work with both rinks to comply with all COVID-19 guidelines. More importantly please understand we cannot foresee future events and changes. Should we be faced with a halt in our skating plans once we begin and the rinks do close due to COVID-19 and we are unable to continue we will issue refunds for any unused remaining balance. Please Note: United States Figure Skating Association (USFSA) fees and Club fees will not be refunded. Refunds will be honored for documented medical reasons only. There will be no refunds or swapping for missed classes.

Enclosed is the registration packet for fall 2020. If you would like to register ahead of time please complete and return using the enclosed envelope. Registration information pages 2-3, Waiver and Release and Assumption of Risk Agreement page 4, Authorization for Emergency Medical Treatment page 5, Credit card authorization form if applicable page 6, Photograph Release Page 7.

We look forward to seeing you all back on the ice. If you have any questions please feel free to contact me. email: [kristy@prestoprintllc.com](mailto:kristy@prestoprintllc.com) text: 315-794-0919 or via the Remind app.

Thank you everyone for your continued support.

Kristy St. Pierre  
Skating Club of Utica Whitestown President



Skater's Name \_\_\_\_\_  
(First) (Last)

AGE \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
**(Minimum Age = 4 years) \*\*Please note: Skaters under six and beginners should wear helmets.**

Last Level Completed: **Basic: 1 2 3 4 5 6 7 8 Free Skate: 1 2 3 4 5 6** Specialty Classes: \_\_\_\_\_

USFSA Basic Skills # \_\_\_\_\_ Expiration \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

**By submitting my application for membership in the Skating Club of Utica-Whitestown, I agree to abide by all rules & regulations of the Club, page 9. I waive any right to claim damages against the Skating Club of Utica-Whitestown, its officers, directors, and members, and release any & all of them from any liability that may arise out of my membership in the Club. I authorize the club to use photos and images of my child/ me taken at club events to be used solely to promote the club. I realize that if I have signed up for a payment plan I will make payments on time. Failure to make timely payments will result in a \$15 late fee & suspension of skating privileges until payment is made. Finally, I understand that the Skating Club of Utica-Whitestown reserves the right to refuse or cancel my membership.**

Signature of Skater: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Skater: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Parent or Guardian: \_\_\_\_\_

Please complete the following for planning purposes associated with the Holiday show and the Ice Show.

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

Skaters Size: Top: \_\_\_\_\_ Pant: \_\_\_\_\_

## ACKNOWLEDGEMENTS U.S. Figure Skating and The Skating Club of Utica – Whitestown

I have read **The Skating Club of Utica – Whitestown Waiver and Release and Assumption of Risk Agreement**, page 8. I fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, that the balance notwithstanding shall continue in full force and effect.

The Club reserves the right to require additional signed forms of release as deemed appropriate.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

I have read the **Skating Club of Utica-Whitestown Policies and Code of Conduct** and understand the importance of these Policies and Code and promise to reinforce these rules in order to ensure the safety of all skaters. I understand that if these rules are not followed my child/ I as a skater will not be allowed to remain on club ice.

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

Print Name: \_\_\_\_\_

If Skater under 18 –

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

Print Name: \_\_\_\_\_

# Authorization for Emergency Medical Treatment

To Whom It May Concern:

As the parent/ guardian of

\_\_\_\_\_, I hereby authorize any officer or board member and/ or skating professional of the Skating Club of Utica Whitestown to act on my behalf in authorizing medical/ dental attention and/ or hospitalization, as deemed necessary by proper medical authorities, should my child, the above named, be injured in any manner while participating in the Skating Club of Utica-Whitestown skating program. I further agree to allow the officers or board members of the Skating Club of Utica-Whitestown to sign on my behalf the forms required for such medical attention and/ or hospitalization.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of above

\_\_\_\_\_  
Family Doctor & Telephone Number

\_\_\_\_\_  
Emergency Contact & Phone Number

\_\_\_\_\_  
Hospital Preference

Please list any medical conditions, including allergies:

Please list any daily medications taken by your child:



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CCV Number on back _____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize Skating Club of Utica Whitestown to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

## Photograph Release 2020-2021 Skating Season

I authorize my child, \_\_\_\_\_ to be included in photographs as they pertain to the Skating Club of Utica-Whitestown program taken by the club, any professional photographer affiliated with the club, or media that would be used in the marketing and publicity of the Skating Club of Utica-Whitestown skating program.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Photograph Release - NOT AUTHORIZED

**I DO NOT** authorize my child, \_\_\_\_\_ to be included in photographs as they pertain to the Skating Club of Utica-Whitestown program taken by the club, any professional photographer affiliated with the club, or media that would be used in the marketing and publicity of the Skating Club of Utica-Whitestown skating program.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

Be advised we cannot control nor will we be responsible if photographs are taken by other parties we have no knowledge of.



# **U.S. Figure Skating and The Skating Club of Utica – Whitestown Waiver and Release and Assumption of Risk Agreement**

In consideration of being allowed to participate in any skating or related activities at The Skating Club of Utica – Whitestown or elsewhere sponsored by The Skating Club of Utica - Whitestown, the undersigned acknowledges, appreciates and agrees that:

In consideration of my participation in any U.S. Figure Skating and/or The Skating Club of Utica - Whitestown sponsored activity, I acknowledge that:

1. I understand the risks & dangers inherent in skating in general and in the activities of The Skating Club of Utica - Whitestown & U.S. Figure Skating, and believe I (or the minor that I represent as parent/guardian) am/is qualified, in good health, and in proper physical condition to participate in such activities. I further acknowledge that if at any time I believe conditions are unsafe, I (or the minor I represent) will discontinue participation.

2. I fully understand that skating and the activities of The Skating Club of Utica - Whitestown & U.S. Figure Skating involve risks of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers can be caused by my own actions (or inactions), by the actions (inactions) of others participating in the activity/event, the condition(s) in which the activity/event takes place, or the negligence of the “releasees” named below. There may also be other risks not known to me (or the minor I represent) or foreseen at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I (or the minor I represent) incur as a result of my/our participation in the activity.

3. I hereby release, discharge, covenant not to sue, and hold harmless U.S. Figure Skating, its Member Clubs, their respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors and advertisers, and (if applicable) owners and lessors of premises on which a U.S. Figure Skating or The Skating Club of Utica - Whitestown sanctioned activity/event that I (or the minor child I represent) participate in takes place from all liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful, or wanton misconduct of the “releasees” herein. If I, or anyone on my behalf/or my minor child’s behalf makes a claim that does not arise from the gross negligence of, or intentional, willful, or wanton misconduct of the “releasees” herein, I will indemnify, defend, save, and hold harmless each of the “releasees” from any loss, liability, damage, or cost any may incur as a result of such claim.

Sign Acknowledgement on Page 4

# Skating Club of Utica-Whitestown Policies

ALL Full-Club skaters under the age of 16 are **REQUIRED** to have a parent or guardian at the rink at all times while they are on the ice. The coaches and monitors are not babysitters. Situations arise where ice can become unavailable and your child could be left alone without an adult.

ALL Learn-To-Skate skaters are **REQUIRED** to have a parent or guardian at the rink at all times while they are on the ice.

Safe skating is essential. During each skating session, the coaches or monitors are authorized to order a person from the ice for cause.

All club members are expected to behave responsibly and to be considerate of other skaters at all times. Low level and high level skaters must be aware of each other at all times or serious accidents can and will occur. Monitors, parents, and skaters: BE ALERT!!

Many falls on the ice can be prevented if one assumes a safe attitude and is considerate of others. Any foreign objects on the ice surface can provide a dangerous fall. No personal electronic devices, food, candy, gum, or beverages are allowed on the ice.

Most serious accidents around ice rinks occur OFF the ice. Running with or without skates, on the off-ice surfaces is the major contributor to these accidents.

NO running or horse play is allowed in the rink area.

Appropriate dress and equipment is expected. Please refrain from loose articles of clothing. If you need assistance with fitting skates or lacing skates please ask; coaches and long term members will be happy to assist. If you need assistance from coaches please get to the rink allowing for extra time.

Racing, taunting and rough activity on the ice will not be tolerated.

Ice use is to be in accordance with the posted schedule. When your time period is over, please leave the ice immediately. Parents please assist and cooperate on this matter.

No standing on the ice or entrances to the ice area – only skaters allowed.

Ice show participation; You must be a member in good standing. All SCUW membership fees and dues must be paid in full. You must have participated in and achieved the fundraising goal or done the fundraising buyout.

Sign Acknowledgement on Page 4

# Skaters & Parents Code of Conduct of the Skating Club of Utica-Whitestown

*Codes of Conduct give everyone a guide to what is expected of us if we are part of an organization, participating in a sport, or as spectators at events.*

By signing these documents I hereby agree that:

- I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
- I will place the emotional and physical well being of all skaters ahead of my personal desire to win any competition.
- I will inform my child's coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I will treat other skaters, coaches, fans, and officials with respect, regardless of race, creed, color, sexual orientation or ability.
- I will teach my child to resolve conflicts without resorting to hostility, bullying or violence.
- I will be a positive role model.
- I will not encourage any behaviors or practices that would endanger the health and well-being of any skaters.
- I will respect coaches and refrain from coaching my child or other skaters during competitions and practices because it may conflict with the coach's plan or strategies.
- I will respect the decisions of officials and their authority during competitions and test sessions and encourage all skaters to do likewise.
- I will show appreciation and recognize the importance of volunteers and club officials.
- I will support all the opponents in my child's competition and respect the rights of all skaters to participate.
- I will represent the Skating Club of Utica-Whitestown in an appropriate manner at all times.

Sign Acknowledgement on Page 4