



Welcome to

# The Skating Club of Utica- Whitestown

Basic Skills  
2016-2017 Winter Sign Up

No skaters will be allowed on ice until all forms are signed and executed. Thank you.  
Any questions please direct them to any of the board members or Coaches.

December, 2016

Thank you for joining the Skating Club of Utica Whitestown for 2017 Winter-session. The Winter session begins on January 8<sup>th</sup> / January 9<sup>th</sup> goes to Mid-March. On April 2<sup>nd</sup> we will have annual Ice Show.

We look forward to you joining and we hope you enjoy. Please remember safety, enjoyment and learning! Also we offer an open skate on most Friday nights at Whitestown for members only, that is a time to come practice. We encourage skaters to use that time to. Check out the monthly calendar for Fridays.

Anytime you have questions please direct them to a Club Board Member or one of the coaches. Please be sure to speak with your skater's coach about any concerns.

To support our Skating Program we do need your help with the fund raising efforts include the candy sales, sale of advertisements for the Ice Show program, and other events. We also ask for volunteers for the various programs we undertake. If you have skills that can benefit the club we welcome your assistance.

All skaters are asked to join the Remind me App when they join. It is the best way to ensure you receive updates and information. You will need to provide the cellphone number and email you want the alerts and notices to go to. Remember if there are multiple people to receive the notices you need to let us know and if you have changes throughout the year it is your responsibility to inform us of changes.

If you have questions please ask! Ask a board member or a coach.

For more details: Call Shawna 794-1919 or email:

[smpapale@roadrunner.com](mailto:smpapale@roadrunner.com)

Thank you for skating with us! The Skating Club of Utica-Whitestown



**2016-2017 Skating Club of Utica  
Whitestown Sign-Up Form**

1. Choose the Session(s) to sign up for by checking the appropriate class.
2. Fill in all the information.
3. Sign the required waivers.
4. Make your appropriate payment. All members must pay for their U.S. Figure Skating Membership Fee prior to skating.

**FULL- SEASON MEMBERSHIP OPTIONS:** What Day will you do your lesson Sunday:\_\_\_ or Monday: \_\_\_\_

___ Basic Skills 1 day /week	\$175	
___ Basic Skills 2 days/week	\$240	
___ Basic 3 days/ week	\$290	Sunday, Monday, Wednesday, Friday or one weekend day
___ Specialized Skills	\$100	Sunday 4:30-5

**Additional Fees**

- \_\_\_ U.S. Figure Skating Fee \$60 (\$24 for each additional family member)
- \_\_\_ Ice Show Fee \$60 for members

Notes:

- Basic Skills Categories include one weekly group lesson.
- Specific ice dates subject to ice available and subject to change.
- All skating days and times limited to skating level and assigned times and days.
- Private lessons are to take place during skaters registered ice time.
- Coaches will advise what level each skater is at.
- Applications will be accepted on a space-available basis.
- Drop ins limited to 3 for the entire skating season; drop in fee \$15 per occurrence.
- Refunds will be honored for documented medical reasons only.
- Prorating is only applicable when signing up for a session after it has begun. Payment is then required for the entire number of the remaining weeks. There is no pro-rating for individual classes that may be missed. Based upon space available basis only.

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

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.**

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

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

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

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

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

Email \_\_\_\_\_

Detail any health issues we must be aware of:

***By submitting my application for membership in the Skating Club of Utica-Whitestown, I agree to abide by all rules & regulations of the Club. 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. Finally, I understand that the Skating Club of Utica-Whitestown reserves the right to refuse or cancel my membership.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Must be signed by legal guardian for all skaters under the age of 18.**

**Printed Name of 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: \_\_\_\_\_



**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 prior page.

## Skating Club of Utica-Whitestown Policies

ALL Full-Club skaters under the age of 14 are **REQUIRED** to have a parent or guardian at the rink at all times while they are on the ice. The 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. If you leave your child you must let someone know who can be notified if an emergency does arise.

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, the 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.

Group lessons will start on time. Skaters should arrive 15 - 20 minutes early to have their skates on properly.

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

Sign Acknowledgement on prior page.



## 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 prior page.

# 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:

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Please list any daily medications taken by your child:

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## Photograph Release

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 of the Skating Club of Utica-Whitestown skating program.

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

\_\_\_\_\_  
Date

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