

SKATING *Utica • Whitestown Club*

WELCOME TO THE SKATING CLUB OF UTICA - WHITESTOWN

Learn to Skate 2018-2019 Season Sign Up

Page 1 Welcome letter

Page 2 Registration form *please complete*

Page 3 Registration form continued *please complete*

Page 4 Acknowledgements *please complete*

Page 5 Authorization Emergency Medical Treatment *please complete*

Page 6 Photograph Release *please complete*

Page 7 Assumption of Risk *please read*

Page 8 Skating Club Policies *please read*

Page 9 Code of conduct *please read*

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.

August, 2018

Dear 2018 – 2019 Skating Club of Utica-Whitestown Skater:

Thank you for joining us in another skating season. We look forward to a new skating season next year.

Fall 2018 Skating season will start Sunday, September, 23rd at the Whitestown Rink. We look forward to seeing you there. The full skating season run from September 23, 2018 to mid-March 2019. The season concludes with our Ice Show in mid-March. Following the March show, we will begin Spring Ice. More information will follow.

Anytime you have questions please direct them to a Club Board Member or one of the coaches. Please be sure to speak with your skaters coach about testing and improving your child's skill level.

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 basket sale. 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 Kristy 315-794-0919 or

kristy@prestoprintllc.com

Thank you for skating with us!

The Skating Club of Utica-Whitestown



**2018-2019 Skating Club of Utica
Whitestown Learn to Skate 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 Learn to Skate Fee prior to skating.

Learn to Skate will be Sunday 4:30 p.m. to 5:20 p.m. or Monday 5:00 p.m. to 5:50 p.m.

Fall Session runs September 30 through December 16*.

Winter Session runs January 6 through March 18**.

___ Learn to Skate	Fall	\$175.00	Lesson Sunday ___ or Monday ___
___ Learn to Skate	Winter	\$175.00	Lesson Sunday ___ or Monday ___
___ Learn to Skate	Full Year	\$305.00	Lesson Sunday ___ or Monday ___
___ Learn to Skate 2 Days	Full Year	\$455.00	Lessons on Sunday and Monday

Additional Fees

___ SCUW Membership Fee \$35.00 includes also Learn to Skate membership fee.

Sub Total: _____

10% Multi child Discount:- _____

Fees: _____

Total Due: _____

CK _____ **Cash** _____

Notes:

- Specific ice dates subject to ice availability and subject to change.
- **Due to circumstances beyond our control; SCUW will not be able to provide make up sessions or refunds for ice times that are cancelled, due to weather, ice conditions, being bumped by the rink(s), etc...**
- All skating days and times limited to skating level and assigned times and days.
- 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. \$20 for non SCUW Members
- Refunds will be honored for documented medical reasons only.
- No refunds or swapping for missed classes
- Prorating is only applicable when signing up for a season after it has begun. Payment is then required for the entire number of weeks remaining. There is no pro-rating for individual classes that may be missed. Based upon space available only.
- * Please note the last 3-4 weeks of Fall session will include preparation for our annual Holiday Ice Show.
- * Please note the last 3-4 weeks of Winter session will include preparation for our annual Ice Show.

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 _____

Continued on Next Page

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 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**, 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:

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 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 12 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, 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.

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

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