



CAPE ANN SKATING CLUB BASIC SKILLS BRIDGE MEMBER REGISTRATION

WHO SHOULD ATTEND:

Skaters that have completed the Learn To Skate Program and want to continue progression into the Basic Skills & Freestyle levels offered with Cape Ann Skating Club Membership.

The Cape Ann Skating Club offers 1st Year Bridge Membership to skaters wishing to learn beyond the Learn To Skate level. Your skater will become part of our Club and benefit from the skating opportunities that are available with membership in Ice Skating Institute (ISI) Recreational Program. The ISI Program fosters a spirit of participation, not elimination, so all skaters are made to feel successful by developing lifelong skills including healthy exercise, making friends, and building self esteem.

Coaches recommend Basic Skills level skaters to skate 2 – 3 times weekly to progress.

CLUB MEMBERSHIP INCLUDES:

Group and Private lessons, ice time at a discounted member-only rate, multiple skating sessions to choose from, Coaching by professional skating instructors – all registered and certified by the Professional Skaters Association (PSA). enrollment and membership with the Ice Skating Institute (ISI) which allows skaters to progress their skills through testing, team competitions, club shows & exhibitions and insurance benefits.

BASIC SKILLS LEVELS / GROUPS INSTRUCTION:

Includes: ISI Pre-Alpha, Alpha, Beta, Delta, Low Freestyle: turns, jumps spins, edges.

TO SIGN UP FOR GROUP INSTRUCTION:

Submit the Ice Contract along with the Registration Form.

Choose your Group Time – either Saturdays at 10 AM; or Tuesdays at 6 PM

TO SIGN UP FOR PRIVATE INSTRUCTION:

Speak with any CAFSC Coach to confirm a private lesson schedule. Submit the Ice Contract and Registration Form based on booking agreement with your Coach.

All members, any age, any level, are encourage to take Private Lessons which allows for faster progression, one-on-one instruction, & creation and development of musical programs for shows and competitions. Semi-Private lessons may also be scheduled at the discretion of the Coaching Staff.

CAFSC BRIDGE PROGRAM

MEMBERSHIP REGISTRATION FORM

SKATER NAME

DOB

ADDRESS

CITY STATE ZIP

CONTACT EMAIL

BEST PHONE #

DATE OF REGISTRATION

Please submit payment with Registration:

First Year Bridge Membership Fee: \$35.00 Checks Payable to: CAFSC

Please submit the additional forms with Registration:

- Ice Contract
- Code of Conduct
- Medical Contact/Info
- Waiver
- Media Release

Mail completed forms, along with payment to: Cape Ann Skating Club;
PO BOX 1193; Gloucester MA 01930.

Drop off forms at: Club Office Lock Box in the Club Office, Talbot Rink,
32 Cherry St., Gloucester

CAPE ANN SKATING CLUB /CAFSC: Skater Code of Conduct

Our goal is to maintain a safe and positive environment for all members.

By signing below, I agree that:

1. I will conduct myself in a manner that is respectful of all CAFSC policies, as well as any other facility while representing CAFSC, at all times.
2. I will help to continue the pride of CAFSC at our home arena, and also at other events, by showing good sportsmanship to other skaters, coaches, officials, parents, rink staff and the general public.
3. I will use appropriate language and behavior at all times.
4. I will support and encourage my fellow skaters at practice sessions, competitions, test sessions, shows, etc.
5. I will be polite and respectful to my coach, as well as the other coaches.
6. I understand that use of the figure skating warm room & rink locker rooms is a privilege and I will use appropriate behavior in the rooms, will help to keep them clean, and will respect other's belongings that are left in the rooms.
7. I will be considerate of other's feelings and will not engage in any bullying behaviors towards others. I understand that this includes teasing, threats, name calling, menacing harassment or any behaviors that disrupt another student's ability to learn.
8. If I feel unsafe or that my rights are being violated, I will notify my coach or a CAFSC board member immediately. I will also help to protect another skater's rights and notify an adult if I am aware of a problem.
9. I understand that I have the right to be happy, to have fun, and to excel at this sport. I have the right to feel safe and respected, and that other skaters will follow this code of conduct as well. I have the right to learn at my own pace and to have my coach be respectful of me.

The following procedure will be implemented if a member's behavior does not reflect the code of conduct :

1st offense: A meeting will be set up between the parent, coach and skater. Written notification of the incident will be turned in by the coach to the board.

2nd offense: A meeting will be set up between the parent, coach, skater and CAFSC board. Written notification of the incident will be kept on file.

3rd offense: The CAFSC board will meet to determine your membership privileges.

Skater Name (PRINT) _____

Signed _____

ISI # / USFS # _____

Date _____

CAPE ANN SKATING CLUB/CAFSC: Parent/Guardian Code of Conduct

A Code of Conduct gives everyone a guide to what is expected of us if we are part of a organization, participating in a sport, or as spectators at our child's events.

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship - This includes respect, responsibility, fairness, caring, trustworthiness and good citizenship. The highest potential of sports is achieved when competition reflects these ideals.

By signing below, I agree that:

1. I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
2. I will place the emotional and physical well-being of my child ahead of my personal desire to win.
3. I will encourage my child to skate in a safe and healthy environment.
4. 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.
5. I will do my best to make skating fun and will remember that my child participates in sports for his/her own enjoyment and satisfaction not mine.
6. I will ask my child to treat other skaters, coaches, parents, fans, and officials with respect, regardless of race, creed, color, sexual orientation, gender identity, or ability.
7. I will be a positive role model for my child and other skaters.
8. I will respect my child's coach and refrain from coaching my child or other skaters during competitions, and practices.
9. I will respect the decisions of officials during competitions and test sessions.
10. I will be supportive of all the opponents in my child's competitions and respect the rights of all skater to participate.

Parent/ Guardian Name (PRINT) _____

Signed _____

Date: _____

Cape Ann Skating Club
PO BOX 1193 Gloucester MA 01930

ICE CONTRACT CAFSC MEMBERS
September 11, 2018 – May 28, 2019

____ New Member ____ Renewing Member Skater ISI # _____

Skater Name _____ Phone # _____

Private Coach Name _____

Please review your choices with your private coach before submitting.

Select	DAY / SESSION	TIME	MEMBER RATE
	SUNDAY - Freestyle. Open to All Members. Lessons & Practice.	8:00 a - 8:55 a	\$16.00
	SUNDAY - Freestyle. Open to All Members. Lessons & Practice.	8:55 a - 9:50 a	\$16.00
	TUES - 20 min Freestyle, and 30 min POWER GROUP Class	6:00 p - 6:50 p	\$23.00
	TUES - 20 min Freestyle, and 30 min Basic/Teen Class	6:00 p - 6:50 p	\$20.00
	TUES - 30 min POWER GROUP Class, and 20 min Freestyle	6:20 p - 7:10 p	\$23.00
	TUES - 30 min Basic/Teen Class, and 20 min Freestyle	6:20 p - 7:10 p	\$20.00
	TUES COMBO Power or Basic/Teen Group Class & 60 min Freestyle	6:00 p - 7:50 p	\$34.00
	TUES: Freestyle. Open to All Members. Lessons & Practice	6:50 p - 7:50 p	\$16.00
	SATURDAY - 30 Min GROUP (Alpha - Freestyle), 30 min Freestyle.	10:00 a - 11:00 a	\$20.00
	SATURDAY COMBO - 30 Min GROUP & 50 minutes Freestyle	10:00 a - 11:20 a	\$34.00
	SATURDAY - Freestyle. Open to All Members. Lessons & Practice.	11 a - 12:00 p	\$16.00
	SATURDAY - Freestyle. Open to All Members. Lessons & Practice.	12 noon - 1:00 p	\$16.00
	WEEKLYTOTAL		\$ _____

- This is a binding contract.
- Contracting party is responsible for the total annual ice fee.
- Payments are to be made from September to April, payable on the 15th of the month.
- Your monthly payment amount will be provided to you once you have selected your ice sessions, this amount will be your annual ice bill divided into 8 equal payments.
- Payment vouchers will be available in the club office and on our website.
- Checks should be made payable to CAFSC and can be put in the lockbox in the club office or mailed to the above address.

I _____ (name) AGREE THAT THIS IS A BINDING
CONTRACT FOR ICE AND I AM RESPONSIBLE FOR THE TOTAL ANNUAL ICE CONTRACT FEE.
TODAY'S DATE: _____



Cape Ann Skating Club Emergency Medical Contact Form

Skater Name _____

Insurance Carrier _____

Subscriber _____ Policy # _____

ALLERGIES: _____

List any physical limitations and/or special instructions to inform coaches:

EMERGENCY CONTACTS - Please list two (2):

Name: _____ Relationship to skater: _____

BEST PHONE # for immediate contact _____

Additional Phone #s _____

Name: _____ Relationship to skater: _____

BEST PHONE # for immediate contact _____

Additional Phone #s _____

Cape Ann Skating Club Media Release

- € I give permission to the Cape Ann Skating Club (CAFSC) to use my/ my child's name, story, photograph, likeness, and/or quoted comments for the purpose of increasing awareness about the CAFSC and its activities. I further understand that articles and photos may appear on the CAFSC's display board at the club rinks, CAFSC website, and/or local papers.
- € I do not give my permission to use my/my child's name, story, photograph, likeness, and or quoted comments for the purpose of increasing awareness about the Cape Ann Skating Club (CAFSC) and its activities.

PARTICIPANTS NAME _____

Signature of Skater

Date Signed

Signature of Parent/Legal Guardian

(If participant is younger than 18 years old at time of registration)

Date Signed

The undersigned Participant or Parent/Guardian of the identified minor acknowledge and fully understand that Participant will be engaging in activities at the Talbot Ice Rink, Johnson Rink and/or other CAFSC property, and using equipment, harness, props, that may involve risk of serious injury, including permanent, temporary, total or partial disability, death, paralysis, illness or other harm, and that Participant voluntarily engages in such activities with adequate prior knowledge of such risks and dangers.

Such activities may involve ice skating, figure skating and ice sports. Participant or Parent/Guardian acknowledges that participation in ice sports, whether competitive, recreational, or instructional, including use of equipment for such purposes, is a potentially dangerous activity and that inherent in any ice sports is the risk of injury, including through over-exertion or exercise beyond my capability (or that of my child) or from other cause.

If Participant is engaged in a skating program (or other instructional activity) conducted by CAFSC, instructors are available to familiarize Participant with the CAFSC facilities and equipment used for such program and to assist participant in phases of the program.

Participant's assumption and acceptance of risks stated in this document include, but are not limited to, the following general areas:

1. Participation in any and all classes or individual instruction at CAFSC.
2. Participation in unsupervised activities at CAFSC and any other individual activities.
3. The use of any equipment.
4. Accidents occurring within auxiliary areas.

Participant acknowledges the existence of, and agrees to abide by, applicable rules, regulations, policies, and procedures of CAFSC (rules relating to use of the Talbot Rink, Johnson Rink, and other CAFSC facilities may be posted for your information and convenience, but the lack of posting shall not relieve Participant of this obligation).

Participant or Parent/Guardian agree to and do assume all legal and financial responsibility for (i) any and all risks and dangers associated with such activities, (ii) any and all injuries, damages and losses, whether to person or property, and whether physical, psychological, social or economic, that Participant may in any manner and from whatever cause or sustain in connection with such participation, including such injury or damage that may result not only from his/her own actions, inactions or negligence, but action, inaction or negligence of CAFSC or others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, and (iii) all treatment, hospitalization and other care rendered to Participant in the event of his/her illness, injury or other emergent circumstance in connection with any such participation. Participant or Parent/Guardian assume all the foregoing risks and accept personal responsibility for the damages following such injury, including permanent, temporary, total or partial disability, death, injury, illness or other harm.

Participant or Parent/Guardian hereby fully and forever release, discharge, hold harmless and agree to indemnify and not to sue CAFSC, its employees, directors, officers, volunteers, affiliates, representatives, agents, insurers and their respective successors and assigns, from and against any and all liabilities, losses, claims, demands, litigation, damages and judgments, present or future, known or unknown, valid or invalid, direct or consequential (whether physical, psychological, social, economic or otherwise), together with reasonable costs and attorneys fees which (i) result directly or indirectly from injuries, illness, disability (whether permanent, temporary, total or partial), death or other harm to Participant or Participant's and/or Parent's/Guardian's property, or the property of third parties, and (ii) are caused by or result, directly or indirectly, from Participant's conduct, acts or omissions while participating in any activities on or about CAFSC property.

PARTICIPANT FURTHER UNDERSTANDS THAT THIS DOCUMENT MAY NOT BE ALTERED IN ANY MANNER WITHOUT THE EXPRESS WRITTEN CONSENT FROM CAFSC AND THAT OF ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID, THE BALANCE SHALL CONTINUE IF FULL FORCE AND EFFECT.

Participant's Signature

Date

Parent's/Guardian's Signature (Parent's/Guardian's Signature
is required if Participant is under the age of 18)

Date