

# SKATING *Utica • Whitestown Club*

## WELCOME TO THE SKATING CLUB OF UTICA - WHITESTOWN

### *Low Mid High* *2024-2025 FALL 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.

Dear 2024-2025 Skating Club of Utica-Whitestown Skater:

Thank you for joining us for another great year of skating.

Our Holiday show and our annual Ice show will be hosted by the Nexus Center. This is a state of the art ice facility and I am looking forward to getting back to our roots in our home building.

The fall 2024 skating season will start Sunday September 15 at the Whitestown Rink. The full season runs from September 15 to March 30, 2025. The season concludes with our Ice Show Sunday March 30, 2025 at Rink 1 in the Nexus Center. Following the Ice show, Spring Ice will be available. 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 skater's coach about testing and improving your child's skill level.

To support our skating program we do need your help with fundraising. 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 will be added to the group text Remind when they join. It is the best way to ensure you receive updates and information, regarding club events, ice time and cancellations. You will need to provide the cellphone number and or email you want the alerts and notices to go to. Multiple people are eligible to receive the notices. Please let us know and if your contact number changes during the season.

If you have questions, please do not hesitate to ask a board member or a coach.

For more details: Call Kristy 315-794-0919 or [kristy@prestoprintllc.com](mailto:kristy@prestoprintllc.com)

Thank you for skating with us!

The Skating Club of Utica-Whitestown



2024 - 2025 Skating Club of Utica
Whitestown Low, Med & High, Sign up Form
Season Starts 9-15-24- Ice show is 3-30-25

- 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. See calendar for skating times

SKATER NAME

Season Membership Options:

Ice Times: Sun: 5:50-6:50 pm Mon: Low 5:00-5:50 pm Mid-High 5:50-6:50 pm Fri 5:00-6:50 pm--- Whitestown
Tues & Thurs 5:00-6:00 pm--- Nexus Center

- Option 1 \_\_\_ 2 Sessions / week \$780
Option 2 \_\_\_ 3 Sessions / week \$1000
Option 3 \_\_\_ Unlimited Sessions \$1100

Please note: We are going to ask you to participate in fundraising this year. Our total cost for ice for Low Mid High September to March is \$32,000

\_\_\_ Flexible Payment plan for Low Mid High Skaters. 33% down, 2 remaining payments due 3rd Sunday of the month; \$15 late fee & suspension of skating privileges until payment is made. 2 payments are due on 10/20, 11/17

Additional Fees

\_\_\_ SCUW Membership Fee \$177.00 (2nd member \$142.00) includes also U.S. Figure Skating Fee.

\_\_\_ SCUW Membership Fee \$100.00 U.S. Figure Skating Fee paid during summer 2024 skate.

Sub Total: \_\_\_ September 15 Payment \_\_\_ October 20 Payment \_\_\_
Fees: \_\_\_ CC \_\_\_ CK \_\_\_ Cash \_\_\_ CC \_\_\_ CK \_\_\_ Cash \_\_\_
Total Due: \_\_\_ November 17 Payment \_\_\_
CC \_\_\_ CK \_\_\_ Cash \_\_\_

Credit Card payments are now accepted. Please fill out enclosed Authorization Sheet, Page 6 and return with this form.

Notes:

- Specific ice dates subject to ice availability and subject to change.
• Due to circumstances beyond our control; SCUW may 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 at what level each skater should skate.
• Low, Mid, High does not include a group lesson; Private lessons are to take place during skater's registered ice time. If you take a private lesson that counts as one of your skating session days/times.
• Applications will be accepted on a space-available basis.
• Drop ins limited to 3 for the entire skating season; drop in fee \$15 per hour per occurrence at Whitestown. \$20 per hour for non SCUW Members at Whitestown. Nexus Center drop in fee will be \$25 per hour for SCUW members \$30.00 per hour for non members. Current skaters who are signed up to skate at SCUW but are not SCUW "home club members" will be charged SCUW member rate for drop ins.
• Refunds will be honored for documented medical reasons only.
• There are 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.



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 2022-2023 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 5