

The SKATING CLUB of BOSTON MetroWest

At the New England Sports Center
Marlborough, MA 01752
508 395-7004

Email: metrowest@scboston.org
www.scboston.org

2009 FALL SESSION APPLICATION

September 8, 2009 – December 5, 2009

Dear Skaters, Parents and Coaches,

The fall session will begin on Tuesday, September 8th, 2009. Sessions will be continue to be open to both members and non-members of The Skating Club of Boston. In addition, we now offer lower walk on rates and the lowest contract rate for our MetroWest members!

Monday*	Tuesday	Wednesday	Thursday	Friday *	Saturday*
1:00-1:50 p.m.	1:00-1:50 p.m.	1:00-1:50 p.m.	1:00-1:50 p.m.	1:00- 1:50 p.m.	1:10 – 1:55 p.m.
1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	2:05-2:50 p.m.
2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	
4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	
5:00 – 5:50 p.m.**	5:00 – 5:50 p.m.		5:00 – 5:50 p.m.	5:00 – 5:50 p.m.	

* Please note that there will be no ice at NESC on Monday, 9/7, Friday, 9/25 Thursday, 11/26, and Saturdays 9/26, 10/10, and 10/24

**Please note that the Monday 5:00-5:50pm FS session may be shared with a Basic Skills class area. This will depend upon FS Contract numbers. If so, this session will be best suited for working on isolated spins, etc. and not program runs.

Application Notes and Procedures

- Sessions are open to members of SCoB and to non-members.
- Applications after the priority deadline of **August 24, 2009** will be processed, as they arrive, on a space-available basis (priority given to Members first).
- Applications without the signature of the applicant (or, for minority-age applicants, that of a parent or guardian) will not be processed and will be returned.
- Pair teams must submit separate applications and clearly indicate which sessions they wish to contract for the purpose of skating as a pair.
- Please note that:
 - No refunds of deposits will be made after August 25, 2009.
 - Resale of ice time is prohibited.
 - No cancellation of requested ice times will be considered after the priority deadline.
 - The Ice Committee reserves the right to cancel or modify any session.
 - Same-day switches from one session to another are permitted if space is available.
 - Same-week switches from one session to another are permitted if space is available.
- **All applications must include a deposit of 50%, payable by cash, check (to 'The Skating Club of Boston'), MasterCard, Visa or Discover.**
- **The balance due must be paid in full by October 2, 2009.**
- The contracted rate for each session will be \$10 for members and \$12 for nonmembers.
- The walk-on rate will be \$13 for members and \$15 nonmembers.

Return application and deposit to:

The Skating Club of Boston MetroWest
121 Donald Lynch Blvd.
Marlborough MA 01752

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2009 FALL CONTRACT APPLICATION (part one)

September 8th, 2009– December 4th, 2009

Please check: SCoB Member Non-Member

Day	Session	Please	Circle	Session	Time(s)	Total # Sessions Per Day	Total # Weeks	Member Contract	Non Member Contract	Total Cost		
Monday	Open FS/MIF/Dance	1:00-1:50	1:50-2:40	2:50-3:50	4:00-4:50	5:00-5:50	x	12	x	\$10.00	\$12.00	\$
Tuesday	Open FS/MIF/Dance	1:00-1:50	1:50-2:40	2:50-3:50	4:00-4:50	5:00-5:50	x	13	x	\$10.00	\$12.00	\$
Wednesday	Open FS/MIF/Dance	1:00-1:50	1:50-2:40	2:50-3:50	4:00-4:50		x	13	x	\$10.00	\$12.00	\$
Thursday	Open FS/MIF/Dance	1:00-1:50	1:50-2:40	2:50-3:50	4:00-4:50	5:00-5:50	x	12	x	\$10.00	\$12.00	\$
Friday	Open FS/MIF/Dance	1:00-1:50	1:50-2:40	2:50-3:50	4:00-4:50	5:00-5:50	x	12	x	\$10.00	\$12.00	\$
Saturday	Open FS/MIF/Dance	1:10-1:55	2:05-2:50				x	10	x	\$10.00	\$12.00	\$

*** Please note that there will be no ice at NESC on Monday, 9/7, Friday, 9/25 Thursday, 11/26, and Saturdays 9/26, 10/10, and 10/24**

Skater Name: _____ Phone: _____

USFS Test Level MIF _____ FS _____

Total Amount Due: \$ _____ Amt. of Deposit (min: 50%): \$ _____ Balance (due by 10/2/2009): \$ _____

Credit Card Type:(circle) **MC VS D** Card Number: _____ Expiration Date: ____ / ____

Cardholder's Name: _____ Cardholder's Signature: _____

PLEASE PART TWO OF THE APPLICATION AND SUBMIT BOTH PARTS

Return application and deposit to:

**The Skating Club of Boston MetroWest
121 Donald Lynch Blvd.
Marlborough MA 01752**

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2009 FALL SESSION APPLICATION (part two)

_____	_____/_____/_____	_____
Skater's Name	Date of Birth	Telephone Number
_____	_____	
U.S. Figure Skating Membership #	Home Club	
_____	_____	_____
Street Address	City	State
		ZIP
_____	_____	_____
Parent or Guardian	Parent Email	
_____	_____	_____
Skater Email (over 14 years old)	Health Care Provider and Phone #	

Amateur Athletic Waiver and Release of Liability

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

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releases** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless The Skating Club of Boston**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners or property, **whether arising from the negligence of the releases or otherwise**.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature

_____/_____/_____
Date Signed

**For Participants of Minority Age
(under the age of 18 at the time of registration)**

This certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, with 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**.

Participant's Signature

_____/_____/_____
Date Signed

Emergency Phone Number