

# The Skating Club of Boston Foxboro

Foxboro Sports Center

10 E. Belcher St.

Foxboro, MA 02035

www.scboston.org

## 2011- 2012 Winter Session Schedule & Application

Monday December 5, 2011 - March 14, 2012

The winter session begins on Monday December 5, 2011. Sessions will continue to be open to both members and non-members of The Skating Club of Boston. Members can contract ice at a rate of \$13 per session, and Non-Members at a rate of \$16 per session. Members may walk-on the session for \$16, while the walk-on rate for Non-Members will be \$18. Non-staff coaches may guest coach for a fee of \$5 per session, or for \$100 per season. Below is the winter 2011 schedule:

Monday*	Tuesday	Wednesday	Thursday*	Friday *	Saturday*
OPEN 3:20-4:10 pm	CLOSED	OPEN 3:20-4:10 pm	OPEN 3:20-4:10 pm		OPEN 10:30-11:20 am
		OPEN 4:20-5:10 pm	OPEN 4:20-5:10 pm		OPEN 11:30-12:20 pm
		OPEN 5:20-6:10 pm			

\* Please note that there will be no ice at Foxboro on the following days:

Monday December 26, Monday January 16, Saturday December 24, Saturday December 31, Saturday January 21

### Application Notes and Procedures

- Sessions are open to members of The Skating Club of Boston and non-members. (Non-members must show proof of U.S. Figure Skating Membership)
- Session level designated by Free Style level passed.
- 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.
- **All skaters and coaches must abide by Ice Rules and Etiquette Policy**
- Please note:
  - No refunds of deposits will be made after January 1, 2012
  - 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'**
- The balance due must be paid in full by January 15, 2012.
- The Add/Drop deadline is Saturday, December 15, 2011.

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## 2011 Winter Session Application

December 4, 2011 – March 14, 2012

Please Check:         Member of The Skating Club of Boston         Non-Member

**Please circle the sessions you wish to contract below:**

Day	Session Type	Available Sessions			# Per Day		# of Weeks		Member Fee	Non-Member Fee	Totals
<b>Monday*</b>	Open	3:20-4:00				X	13	X	\$13.00	\$16.00	\$
<b>Wednesday</b>	Open	3:20-4:10	4:20-5:10	5:20-6:10		X	14	X	\$13.00	\$16.00	\$
<b>Thursday*</b>	Open	3:20-4:10	4:20-5:10			X	14	X	\$13.00	\$16.00	\$
<b>Saturday*</b>	Open	10:30-11:20	11:30-12:20			X	11	X	\$13.00	\$16.00	\$
										<b>TOTAL FOR SEASON</b>	<b>\$</b>

\* Please note that there will be no ice at Foxboro on the following days:

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**Skater Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Test Levels:** \_\_\_\_\_  
 (as of 8/1/2011)      Free Skating                      Moves in the Field                      Pairs                      Dance

**Total Amount Due: \$** \_\_\_\_\_

**Amount of Deposit (min: 50%): \$** \_\_\_\_\_

**Balance (due by 1-15-2012): \$** \_\_\_\_\_

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## 2011 Winter Session Application

December 4, 2011 – March 14, 2012

_____	____/____/____	____.____.____	
Skater's Name	Date of Birth	Telephone Number	
_____	_____	_____	
Street Address	City	State	ZIP
_____	_____	_____	_____
U.S. Figure Skating Member #	Home Club	Club Member Since (MM/YYYY)	
_____	_____	_____	
Parent or Guardian's Name	Emergency Phone #	Email Address	
_____	_____	_____	
Primary Care Physician	Primary Care Physician Phone #	Medical Insurance Co. & Member ID#	
_____	_____	_____	

### 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**.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\_\_\_\_\_  
Emergency Phone Number

**Return completed application to:** The Skating Club of Boston Foxboro  
Attn: Applications for Contracted Ice  
P.O. Box 733  
Westwood MA 02090