

The Skating Club of Boston's Contracted Off-Ice Summer Form

Skater's Name: _____ Name of Parent/Guardian: _____

Email Address: _____ Phone #: _____

Home Address: _____

Skater's Date of Birth: _____ Circle: Male Female Total Amount Due (from other side): \$ _____

Payment Method (circle): Check Cash Credit Card Charge to House Acct. 25% Deposit: \$ _____
(Payable to "SCOB")

If Paying by Credit Card, Circle Card Type: Visa MasterCard Discover Name of Cardholder: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

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 releasees 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, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ('Releasees'), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees 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.

Adult Skater's Signature

Date Signed

For Participants of Minority Age: (Under age 18 at time of registration)

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.

Parent/Guardian's Signature

Date Signed

The Skating Club of Boston's Contracted Off-Ice Summer Form

Skater's Name: _____ Test Level: Free: _____ Pairs: _____ Dance: _____ Age: _____



Please circle the weeks you are requesting:

Week 1 6/27-7/2	Week 2 7/3-7/9	Week 3 7/10-7/16	Week 4 7/17-7/23	Week 5 7/24-7/30	Week 6 7/31-8/6	Week 7 8/7-8/13	Week 8 8/14-8/20	Week 9 8/21-8/27
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Focus

with Michael Cook

Monday **Wednesday** **Friday**

8am – NT/Juv	_____	_____	
11am – Sr/Nov	_____	_____	_____
<i>(Available to 2011 JN intermediate competitors if space is available.)</i>			
12pm – Elite	_____	_____	_____
1pm – Pairs	_____	_____	_____
2pm – Sr/Int	_____	_____	_____
3pm – Jr/Pre	_____	_____	_____
4pm – Int/Pre	_____	_____	
5pm – Pre/Int	_____	_____	
6:30pm – Pre/Int	_____	_____	

(45 minute class for ages 7-9, with a maximum class size of 8.)

No Class: Week 2, July 4 - 9

Off-Ice Strength & Conditioning

with Michael Cook

Tuesday **Thursday**

11am – Sr/Nov	_____	_____
<i>(Available to 2011 JN intermediate competitors if space is available.)</i>		
12pm – Elite	_____	_____
1pm – Pairs	_____	_____
2pm – Sr/Int	_____	_____
3pm – Jr/Pre	_____	_____
4pm – Int/Pre	_____	_____
5pm – Pre/Int	_____	_____

No Class: Week 2, July 4 - 9

Totals & Amount Due:

Total **Focus** classes per week: _____

Total **OIS&C** classes per week: _____

Total **Ballet** classes per week: _____

Total **Jazz** classes per week: _____

Number of Weeks Contracting: _____

Total Number Hour-Long Classes: _____

Costs per Hour-Long Class – Members: \$16.50 | Non-Members: \$18.50

Total Number of 45-Minute Classes: _____

Costs per 45-Minute Class – Members & Non-Members: \$13.00

Total Amount Due: _____

Please Note: A 25% deposit is due at time of application submission.

Ballet

with Zabelle Margusian

Tuesday

2pm – Sr/Juv	_____
3pm – Int/Pre	_____
4pm – NT/PreJuv	_____

(45 minute class for ages 7-8)

Jazz

with Deirdre Williams

Thursday

12pm – Sr/Int	_____
1pm – Sr/Juv	_____
2pm – Nov/Pre	_____

No Class: Weeks 8 & 9, August 14 - 27

Please Note:

- **Application Deadline: June 7, 2011**
- All classes are one hour, unless otherwise indicated.
- Classes require 5 participants to be held.
- Participants must be 9 years of age, unless indicated differently.
- Additional classes may be organized if 5 participants are willing to contract the class.
- Schedule is tentative and subject to change.