

# GILMOUR FIGURE SKATING CLUB

## FREESTYLE CONTRACT

SEPTEMBER 7, 2005 THROUGH MAY 13, 2006

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ ALT. \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 PARENT'S NAME: \_\_\_\_\_ E-MAIL: (REQUIRED) \_\_\_\_\_  
 ) \_\_\_\_\_ HOME CLUB: \_\_\_\_\_ USFSA #: \_\_\_\_\_  
 \_\_\_\_\_  
 FREESTYLE LEVEL: \_\_\_\_\_ COACH: \_\_\_\_\_

### EVENING SESSIONS

DAY	TIME	HOME CLUB	ASSOCIATE	AMOUNT
<b>Monday</b>	<b>Sept. 12 - May 8</b> <i>(TOTAL WEEKS 35)</i>			
	5:15PM - 6:15PM	\$420.00	\$455.00	
	6:15PM - 7:15PM	\$420.00	\$455.00	
<i>SAVE SKATE BOTH SESSIONS</i>	5:15PM - 7:15PM	\$790.00	\$860.00	
<b>Wednesday</b>	<b>Sept. 7 - May 10</b> <i>(TOTAL WEEKS 36)</i>			
	5:30PM - 6:30PM	\$432.00	\$468.00	
	6:30PM - 7:30PM	\$432.00	\$468.00	
<i>SAVE SKATE BOTH SESSIONS</i>	5:30PM - 7:30PM	\$814.00	\$886.00	
<b>Saturday</b>	<b>Sept. 10 - May 13</b> <i>(TOTAL WEEKS 36)</i>			
	8:15am - 9:15am	\$432.00	\$468.00	
	9:15am-10:15am	\$432.00	\$468.00	
<i>SAVE SKATE BOTH SESSIONS</i>	8:15am-10:15am	\$814.00	\$886.00	

*Interested in Monitoring?* Please indicate Yes \_\_\_\_\_ No \_\_\_\_\_

**GILMOUR FIGURE SKATING CLUB  
FREESTYLE CONTRACT  
SEPTEMBER 7, 2005 THROUGH MAY 13, 2006**

**NAME:** \_\_\_\_\_ **USFSA #:** \_\_\_\_\_

PAYMENT OPTIONS	AMOUNT	OFFICE USE ONLY
GRAND TOTAL OWED FROM PAGE 1		
33% DUE WITH CONTRACT ON AUGUST 5, 2005		
33% DUE NOVEMBER 28, 2005		
33% DUE FEBRUARY 27, 2006		
TOTAL PAYMENT PAID IN FULL		
<b>BALANCED OWED</b>		

**PLEASE MAKE CHECKS PAYABLE TO: *FIGURE SKATING CLUB AT GILMOUR***

**PLEASE MAIL COMPLETED CONTRACT AND CHECK TO: *FIGURE SKATING CLUB AT GILMOUR***  
 C/O MRS. KAREN KRENN  
 7135 LONGVIEW DRIVE  
 SOLON, OHIO 44139  
 QUESTIONS ? : (440) 349-4875

**\*\*\*\*\*PLEASE NOTE THE FOLLOWING\*\*\*\*\***

- No Refunds are permitted, except for Medical reasons and only with a physicians note.
- Contract by August 5, 2005 to insure availability of session.
- All dates and times are subject to change per Gilmour Ice Arena Management. Sessions maybe cancelled due to lack of enrollment at the discretion of the Gilmour Figure Skating Club and the Gilmour Ice Arena.
- There will be **no substitution of sessions or over-lapping of sessions**, due to skater or coach's conflicts or tardiness. Skaters and coaches must adhere to their scheduled times.
- One make-up will be issued per contracted session. Make Ups are non-transferable and can only be redeemed during the September 2005 through May, 2006-contracted season.
- All contracts must be paid in full by due dates; otherwise your skater will not be permitted on the ice.
- Gilmour Academy Ice Arena Freestyle walk-on rate for 60-minute session is \$14.00. In an effort to have skaters show up on time for walk-ons, skaters will be charged the full walk-on fee despite the amount of time they skate.
- No skater will be permitted to take the ice without a **signed waiver** and **emergency medical form** on file.

**GILMOUR FIGURE SKATING CLUB**  
**Gilmour Academy Ice Arena**  
**WAIVER**

The Gilmour Academy Ice Arena, its employees, professionals, coaches, and agents, assume no responsibility for injuries incurred during the use of the Ice Arena. As in any athletic program, the possibility of injury exists, but reasonable precautions will be made to prevent injuries before they happen.

The undersigned parent(s) or guardian(s) of the below designated minor, hereby agree, jointly and severally, to hold Gilmour Academy, its employees, professionals, coaches, and agents, harmless for any injury sustained by said minor in the course of instruction and/or use of the Gilmour Academy Ice Arena; and said persons hereby, jointly, and severally, waive their right to bring any action against Gilmour Academy or any of the above named persons in the event of any injury sustained by said minor.

Designated Minor's Name: \_\_\_\_\_

Parent/Guardian's Name: *(please print)* \_\_\_\_\_

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

Date: \_\_\_\_\_

**WAIVER MUST BE COMPLETED BEFORE SKATER IS PERMITTED ON GILMOUR ACADEMY  
ICE!!**

# EMERGENCY MEDICAL RELEASE FORM

(PLEASE PRINT)

I *(Parent/Guardian Full Name)* \_\_\_\_\_, Of *(Address)* \_\_\_\_\_ --

\_\_\_\_\_ am the *(Father/Mother/Guardian)* \_\_\_\_\_ of *(Child's Name)*

\_\_\_\_\_, Of *(Child's Address)* \_\_\_\_\_.

I hereby give my consent, in the event that all reasonable attempts to contact me at *(Home Phone Number)*

\_\_\_\_\_, Or *(Work Phone Number)* \_\_\_\_\_, Or *(Alternate Phone*

*Number)* \_\_\_\_\_ Or *(Other Parent/Guardian)* \_\_\_\_\_ at

*(Phone Number)* \_\_\_\_\_ have been unsuccessful for 1) the administration of

any treatment deemed necessary by Dr. *(Preferred Physician)* \_\_\_\_\_

at *(Phone Number)* \_\_\_\_\_ or Dr. *(Preferred Dentist)* \_\_\_\_\_

or in the event that the appropriate preferred practitioner is not available, by a licensed physician or

dentists and 2) the transfer of the child to *(Preferred Hospital)* \_\_\_\_\_ or any

hospital reasonably accessible. The child is covered under the following Medical Insurance

Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed

physicians or dentists concurring in the necessity of such surgery. Any hospital or practitioner not

having access to the child's medical history needs the following information:

Allergies:

\_\_\_\_\_

Existing Medical Conditions:

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Any Physical impairment (heart, epilepsy, asthma, etc...):

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Any other pertinent facts to which a physician should be alerted:

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE FORM MUST BE COMPLETED BEFORE SKATER IS PERMITTED ON GILMOUR  
ACADEMY ICE!!**