

# Junior Competitive Registration Form

## IceWorks Figure Skating Academy

### Summer 2017

Skater's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Present Medical Condition: \_\_\_\_\_  
 Emergency Contact Name & Number: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ Home Club: \_\_\_\_\_  
 Highest USFS tests passed: Free skate: \_\_\_\_\_ Moves: \_\_\_\_\_  
 Dance: \_\_\_\_\_ Other: \_\_\_\_\_

**Waiver: Assumption of Risk & Release**

Upon entering events sponsored by IceWorks and/or its agents or affiliates, I/we understand & appreciate that participation or observation of sports constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily & knowingly recognize, accept, & assume this risk & release IceWorks, its affiliates, their sponsors, event organizers & officials from any liability thereof.

Signature (parent, if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Discounts**

10% off 10 week package if paid in full by 05/15/17 no exceptions  
 5% off 5 or 7 week package if paid in full by 05/15/17 no exceptions  
 25% off second family member of lesser package which cannot be combined with any other discount

**Payment Terms:** If not paying in full, packages may be paid in 2 installments. Applicants must supply IceWorks with Visa/MC/Discover information so the credit card can be charged on the dates below. Insufficient payments are subject to a \$10 penalty per late day.

|              | 5 WEEKS    | 7 WEEKS    | 10 WEEKS   | 5 WEEKS   | 7 WEEKS   | 10 WEEKS  |
|--------------|------------|------------|------------|-----------|-----------|-----------|
| JCP PACKAGES | 10 SESSION | 10 SESSION | 10 SESSION | 5 SESSION | 5 SESSION | 5 SESSION |
| TOTAL COST   | \$810.00   | \$1035.00  | \$1245.00  | \$610.00  | \$795.00  | \$995.00  |

**Two Payment Plan**

|              |          |          |          |          |          |          |
|--------------|----------|----------|----------|----------|----------|----------|
| JUNE 1, 2017 | \$405.00 | \$520.00 | \$625.00 | \$305.00 | \$400.00 | \$500.00 |
| JULY 1, 2017 | \$405.00 | \$515.00 | \$620.00 | \$305.00 | \$395.00 | \$495.00 |

Additional Full weeks                      10 session \$155.00                      5 session \$135.00

I have read and understand the requirements of JCP as listed in the brochure

\_\_\_\_\_  
 Signature of Parent

**Credit Card Information**

Number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Signing of this contract authorizes IceWorks to charge the installment amount on the date indicated. NO REFUNDS will be issued once the contract is signed. Any consideration of a credit will be made only for medical reasons and is at the discretion of the management. \_\_\_\_\_

**The Schedule of ice is posted at [www.IceWorks.net](http://www.IceWorks.net) and subject to change by the management.**