



**Uschi Keszler presents:**  
**IceWorks Figure Skating Academy: 2017/2018 Fall /Winter/Spring**  
**Junior Competitive Registration Form Sept 5<sup>th</sup>, 2017 - June 15, 2018**

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 if paid in full by 8/28/2017**

**25% off second family member which cannot be combined with any other discount**

**If you have not signed a contract by September 5, 2017 you will have to purchase a punch card until the contract is signed. After September 5, 2017 all packages must be discussed with Director.**

**Coach's Signature for Medium/ High Level** \_\_\_\_\_

**Payment Terms:** Prices below represent a full season of ice and instruction. **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. Personal checks will not be accepted.**

<b><u>Packages:</u></b>	<b>5 SESSION R1</b>		<b>10 SESSION R1</b>		
	<b>3 SESSION</b>	<b>MORNING ONLY</b>	<b>5 SESSION</b>	<b>MORNING ONLY</b>	<b>10 SESSION</b>
	\$1465.00	\$1775.00	\$1995.00	\$2655.00	\$2995.00
	10 pmts	10 pmts	10 pmts	10 pmts	10 pmts
	\$146.50	\$177.50	\$199.50	\$265.50	\$299.50

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 (this requires a physician's letter) and is at the discretion of the management.** \_\_\_\_\_ **Signature**