

Junior Competitive Registration Form
IceWorks Figure Skating Academy
Summer 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 10 week package if paid in full by 05/15/18 no exceptions**
- 5% off 7 week package if paid in full by 05/15/18 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. Skaters that go over their allotted number of sessions per week will be charged at the 13.00/session punch card fee.

	5 WEEKS	7 WEEKS	10 WEEKS	5 WEEKS	7 WEEKS	10 WEEKS
JCP PACKAGES	11 SESSION	11 SESSION	11 SESSION	6 SESSION	6 SESSION	6 SESSION
TOTAL COST	\$810.00	\$1035.00	\$1245.00	\$610.00	\$795.00	\$995.00
Two Payment Plan						
JUNE 1, 2018	\$405.00	\$520.00	\$625.00	\$305.00	\$400.00	\$500.00
JULY 1, 2018	\$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 and subject to change by the management.

Summer 2018

Week 1:	June 18-June 22	_____
Week 2:	June 25-June 29	_____
Week 3:	July 2-July 6	_____
Week 4:	July 9-July13	_____
Week 5:	July 16-July 20	_____
Week 6:	July 23- July 26	_____
PSC Week	July 30- Aug 5	_____
Week 7:	August 6 – August 10	_____
Week 8:	August 13 – August 17	_____
Week 9:	August 20- August 24	_____
Week 10	August 27- August 31	_____