



Uschi Keszler presents:
Junior Competitive
Registration
HIGH PERFORMANCE

2024/2025 Fall /Winter/Spring
Sept3rd, 2024 - June 15, 2025

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: USFS NUMBER _____

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

6% off if paid in full by 8/23/2024

10% off second family member which cannot be combined with any other discount

Any contracts signed after the start date of September 6th 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 AE/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.

Packages

10 SESSION	15 SESSION	UNLIMITED
3825.00	4320.00	4910.00

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. _____