

August 10, 2009

Dear Skater,

Thank you for your interest in the University of Delaware Ice Skating Training Center. The training center provides state-of-the-art facilities and the most complete training environment in the country. The following information outlines the “**Winter Flat Rate**” contract we are offering for the 2009 season from August 24, 2009 through May 28, 2010. **This plan is only available to University of Delaware Figure Skating Club full or associate members.**

To reserve your sessions, complete the enclosed forms, have them **notarized** (application will be returned to you if not complete) and return them to:

University of Delaware  
Fred Rust Ice Arena  
Newark, Delaware 19716

Applications will be approved based on the following:

- a. Priority will be given to those skaters who have skated at the University of Delaware Ice Arena on a flat rate contract (not summer ice) in previous years; with those who have skated here the longest having preference.
- b. Skaters who are eligible for Restricted Freestyle must sign up for this session as one of their three on-ice sessions if you plan to skate on it. You will not be allowed to walk on this session.
- c. The skating level that you register as is the skating level you will remain on for this entire contract. If space becomes available, a change in your schedule will be considered
- d. Skaters who are new to the University of Delaware Training Center are required to sign up for the early morning sessions. If space becomes available on prime-time sessions, new skaters will be given consideration for these in the order that their application was accepted.
- e. Any requests for exceptions to session levels will only be considered after all level-eligible applications have been processed.

University policy requires all **guests/visitors** to have a valid parking permit at all times. Please contact the **Error! Contact not defined.** Business Office or Department of Public Safety, about obtaining a parking permit.

Sincerely,

Ronald E. Ludington  
Director, Ice Skating Science Development Center

**UNIVERSITY OF DELAWARE TRAINING CENTER  
2009 - 2010 WINTER CONTRACT FOR  
FULL TIME UNIVERSITY OF DELAWARE STUDENT**

I hereby agree to pay the **FULL TIME UD STUDENT CONTRACT** fee of \$3,450.00 per skater from **August 24, 2009 through May 28, 2010**. Please see the office staff for second family member pricing. I understand the Full Time UD Student Contract is a **reservation of ice arena time** and that the payment of this fee entitles each skater to the following:

- Three (3) pre-registered on-ice sessions per day\* (Monday through Friday)
- One (1) pre-registered off-ice dance session per day\* (Monday through Thursday)  
Sept. 8 – Jan. 28
- One (1) pre-registered off-ice conditioning session per day\* (Monday through Friday)
- Ability to walk on to any appropriate level session, on a space available basis

*\*The University of Delaware reserves the right to shut down the ice arena for maintenance, test sessions, special program needs, or other special events with **no refund given**. In addition, there will be no special packages, rebates, substitutions, make-ups, or refunds for missed ice time.*

**PAYMENT TERMS:**

The total Full Time UD Student Contract fee is billed upon registration and may be paid in full at the time of registration, or 4 equal payments. A minimum payment of \$862.50 is due at time of registration. **Applications will not be accepted without the proper payment.** Failure to maintain all skater accounts as paid to date and current will result in the **immediate** loss of ice and facility privileges. Make checks payable to: **University of Delaware**

**PAYMENT OPTIONS**

Please select payment option.

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Full Payment     | \$3,450.00       |
| <input type="checkbox"/> 4 Equal Payments | \$862.50/quarter |

<u>Due Date</u>	<u>Installments</u>
Upon application	\$862.50
November 2, 2009	\$862.50
January 11, 2010	\$862.50
March 22, 2010	\$862.50

**ALL PAYMENTS MUST BE MADE BY THE DATE INDICATED ON THE CONTRACT.**

Full Time UD Student contracts initiated after August 24, 2009 will not be pro-rated during the current billing quarter. No credits will be issued for “walk-on” session tickets purchased prior to the purchase of the Full Time UD Student contract.

**WITHDRAWAL FROM PLAN:**

The skater may request to withdraw from the Full Time UD Student Contract in the event of serious medical illness or condition or other extenuating circumstances **requiring total withdrawal from University services** (such as ice time, off-ice conditioning, off-ice dance, sports medicine and athletic training). The skater must **notify the business office in writing within 30 days of the first day of missed time**. Requests to withdraw must be accompanied by an illness-specific physician’s note and/or other supporting documentation. Refunds will only be considered for **complete loss of session time of four or more consecutive weeks**. Refunds are calculated at **75%** of the Full Time UD Student Contract fee for the missed time period.

**PARKING INFORMATION:**

All skaters, parents and coaches are required to have valid parking sticker or guest pass at all times. Between the hours of 7 am – 4:30 pm only Gold parking passes are permitted to use the parking on the south side of the Fred Rust Arena.

**UNIVERSITY OF DELAWARE TRAINING CENTER  
2009 - 2010 WINTER CONTRACT FOR  
UNIVERSITY OF DELAWARE FULL TIME STUDENTS  
PLEASE RETURN THIS FORM.**

Skater's Name \_\_\_\_\_ SS# \_\_\_\_\_

Billing Name \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Name SS# \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Local Address Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Club \_\_\_\_\_ USFSA# \_\_\_\_\_

Coach(s) \_\_\_\_\_

Highest Test Passed: \_\_\_\_\_  
Freestyle                      Moves                      Pairs                      Freedance

Failure to maintain all skater accounts as paid to date and current will result in the **immediate** loss of ice and facility privileges. Make checks payable to: **University of Delaware**

Amount due: \_\_\_\_\_

\_\_\_\_\_  
Skaters Signature (18 & over)                      Date

\_\_\_\_\_  
Parent's Signature (under 18)                      Date

**UNIVERSITY OF DELAWARE TRAINING CENTER  
WAIVER FORM  
PLEASE RETURN THIS FORM.**

In consideration of the privilege of using the University of Delaware Ice Arena and understanding that there are inherent risks in connection with this activity. I (we) hereby assume these risks; waive any possible claim that may arise against the University and its employees for any damages or injuries sustained in the course of the activity. I (we) agree to indemnify and save harmless and not to assert a claim against or sue the University employees for any such damages or injuries or for any and all other claims that may arise in connection with my (our) use of the Ice Arena.

**EMERGENCY RELEASE TREATMENT FORM**

I, \_\_\_\_\_, Hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment\*, which in his or her judgment may be deemed necessary in the care of: (\*Parent or skater are responsible for all medical expenses incurred)

\_\_\_\_\_  
NAME OF SKATER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PHYSICIAN NAME

\_\_\_\_\_  
PHYSICIAN PHONE

\_\_\_\_\_  
ALLERGIES

\_\_\_\_\_  
MEDICINES CURRENTLY TAKING

\_\_\_\_\_  
OUTSTANDING MEDICAL HISTORY

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER AND NAME OF SUBSCRIBER

\_\_\_\_\_  
SKATERS SIGNATURE (18 & OVER)      DATE

\_\_\_\_\_  
PARENT'S SIGNATURE (UNDER 18)      DATE

WITNESS MY HAND AND SEAL TO THE ABOVE SIGNATURE THIS:  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SEAL      MY COMMISSION EXPIRES: \_\_\_\_\_