



2009 University of Delaware Summer Figure Skating Application Form

(June 1 - June 12, 2009)



Please fill in ALL sections (type or print only) and return to: Fred Rust Ice Arena • University of Delaware • Newark, DE 19716

Application will not be processed if all sections are not completed.

First Name _____ MI _____ Last Name _____ Date of Birth _____ Sex _____

Address _____

City _____ State _____ Zip _____ Country (if applicable) _____

Home Phone _____ Work Phone _____ Arrival Date _____

USFSA# Home Club _____ UD Coach(es) _____

Highest Test Passed: _____
 Freestyle Moves Pairs Dance Freedance

Daily Ice Schedule

Ice Plan - **\$180.00 per week** (weeks 1 & 2) to include:

- Three pre-registered on-ice sessions MTWRF
- One off-ice conditioning per day MTWRF
- Additional sessions can be purchased on a weekly basis for \$62.50 per week (one extra session per day)

- Skater must skate 5 days per week and skate the same schedule EVERY day
- **Sessions are subject to cancellation without rebate or refund**

Weekly total

\$180 x _____ (no. of weeks) = \$ _____

Additional session per day @ \$62.50/week x _____ # week(s) = \$ _____

Total Ice Fees \$ _____ **Total Amount Due**

WALK-ON TICKETS ARE AVAILABLE FOR \$13 PER SESSION

\$180 or 50% (whichever is greater) of **ALL fees** must accompany the application with the balance due on or before arrival. There will be a \$25 charge for EACH change (additions, deletions, or changes) made after reservations are confirmed. There is a \$50 charge for all cancellations prior to **May 1**.

After **May 1**, those who cancel any part of their contract will be charged 25 percent of the total balance due or \$50, whichever is greater. If a refund is necessary for medical reasons, the injury/illness must have a duration of at least two weeks. Applications will be processed as received. Please make checks payable to: **University of Delaware**.

2009 University of Delaware Summer Figure Skating School

Please circle desired weeks

Week #1 - June 1 - June 5

Week #2 - June 8 - June 12

The following schedule is in effect from June 1 - June 12, 2009.

Fred Rust Arena

1	M T W R F	6:00am - 6:40am	Freestyle & Dance/Open
2	M T W R F	6:40am - 7:20am	Freestyle & Dance/Open
3	M T W R F	7:20am - 8:00am	Freestyle & Dance/Open
4	M T W R F	8:00am - 8:40am	Freestyle/Open
5	M T W R F	8:50am - 9:30am	Pairs
6	M T W R F	9:40am - 11:20am	Restricted/International
7	M T W R F	11:30am - 12:10pm	Freestyle/High
8	M T W R F	12:20pm - 1:00pm	Dance/Competitive
9	M T W R F	1:00pm - 1:40pm	Dance/Competitive
10	M T W R F	1:50pm - 2:30pm	Pairs
11	M T W R F	2:40pm - 3:20pm	Pairs
12	M T W R F	3:30pm - 4:10pm	Freestyle/High
13	M T W R F	4:20pm - 5:00pm	Freestyle/Medium
14	M T W R F	5:10pm - 5:50pm	Freestyle/Medium
15	M T W R F	6:00pm - 6:40pm	Freestyle/Medium/Low General Dance

Gold Arena

16	M T W R F	11:10am - 12:10pm	International Freestyle
17	M T W R F	12:20pm - 1:00pm	Restricted/Freestyle
18	M T W R F	1:10pm - 1:50pm	Freestyle/High
19	M T W R F	2:00pm - 2:40pm	Freestyle/High
20	M T W R F	2:50pm - 3:30pm	Dance/Competitive
21	M T W R F	3:30pm - 4:10pm	Dance/Competitive
22	M T W R F	4:20pm - 5:00pm	Freestyle/Low
23	M T W R F	5:00pm - 5:40pm	Freestyle/Low

Weight Room Hours
11:00 am - 6:00 pm Open Lifting

University of Delaware Waiver 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 and 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 which may arise in connection with my (our) use of the Ice Arena.

Skater's Signature (18 or over)

Date

Parent's Signature (under 18)

Date

Emergency Treatment Release 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:

(*Parents 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

Skater's Signature (18 or 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: _____