



2009 University of Delaware Summer Figure Skating Application Form (June 15 - August 21, 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	E-mail	Arrival Date	
USFSA# Home Club		UD Coach(es)		
Highest Test Passed:				
Freestyle	Moves	Pairs	Dance	Freedance

Daily Ice Schedule

Ice Plan - \$220 per week (weeks 3 - 11) to include:

- Three pre-registered on-ice sessions per day MTWRF
- One pre-registered off-ice dance session per day MTWR
- One pre-registered off-ice conditioning session per day MTWRF
- Additional sessions can be purchased on a weekly basis at a rate of \$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**

Ice Fees

Weekly subtotal

\$220 x _____ (no. of weeks)	=	\$ _____
Additional session per day @ \$62.50 per week x _____ # week(s)	=	\$ _____
Stroking \$5.00 x _____ # of days per week x _____ # week(s)	=	\$ _____
or		
Stroking \$20.00 per week x _____ # week(s)	=	\$ _____
Total Ice Plan	=	\$ _____

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

Housing

Housing and meals are available weeks 5 - 9 (June 29 - July 31)

- Cash value is NOT cumulative and non-refundable.

- Housing Plan - \$395 per week to include:
- Housing for seven days (Sunday through Saturday)
- Up to \$100 cash value to spend per week on breakfast, lunch and dinner and snacks in any University dining facility (i.e., Figure Ate snack bar, Student Centers or Dining Hall).

\$395 per week x _____ (no. of weeks)	=	\$ _____ Total Housing Plan
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Total Ice Fees & Total Housing Fees	=	\$ _____ Total Amount Due
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\$220 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 Ice Skating School
Please circle desired weeks

Week #3 - June 15 - 19 Test session June 19	Week #8 - July 20 - 24*
Week #4 - June 22 - June 26	Week #9 - July 27 - July 31*
Week #5 - June 29 - July 3*	Week #10 - Aug. 3 - 7
Week #6 - July 6 - 10*	Week #11 - Aug. 10 - 14
Week #7 - July 13 - 17* Test session July 18	Week #12 - Aug. 17 - 21 Ticket week: Rust Arena Only No pre-registration for this week Test session August 21

*indicates weeks that housing is offered

2009 Summer Ice Schedule

The following schedule will be in effect from June 15 through Aug. 14, 2009.

Please circle desired sessions **Rust Arena**

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

Gold Arena

15	M T W R F	6:30 am - 7:10 am	Freestyle/Low
16	M T W R F	7:20 am - 8:00 am	Freestyle/Low
17	M T W R F	8:10 am - 8:50 am	Freestyle/Low & Medium
18	M T W R F	9:00 am - 9:40 am	Freestyle/Medium
19	M T W R F	9:50 am - 10:30 am	Freestyle/Elite
20	M T W R F	10:40 am - 11:20 am	Freestyle/High
21	M T W R F	11:30 am - 12:10 pm	Freestyle/High
22	M T W R F	12:20 pm - 1:00 pm	Pairs
23	M T W R F	1:10 pm - 1:50 pm	Freestyle/High
24	M T W R F	2:00 pm - 2:40 pm	Freestyle/Elite
25	M T W R F	2:40 pm - 3:20 pm	Freestyle/Medium
26	M T W R F	3:30 pm - 4:10 pm	Freestyle/Medium
27	M T W R F	4:20 pm - 5:00 pm	Freestyle/Low
28	M T W R F	5:10 pm - 5:50 pm	Freestyle/Low

2009 Summer Figure Skating School
Off-Ice Conditioning and Off-Ice Dance Schedule
June 15 - Aug. 14, 2009 Please circle desired sessions

Off-Ice Dance Schedule

M T W R	9:00 am - 9:40 am	Freestyle/Low
M T W R	10:40 am - 11:20 am	Dance/Competitive
M T W R	12:20 pm - 1:00 pm	Freestyle/High/Elite
M T W R	1:10 pm - 1:50 pm	Freestyle/Medium & Pairs

Off-Ice Conditioning Schedule

M T W R F	10:00 am - 10:40 am	Freestyle/Low
M T W R F	10:50 am - 11:30 pm	Freestyle/Medium
M T W R F	11:30 pm - 2:20 pm	Open Lifting
M T W R F	2:20 pm - 3:00 pm	Dance/Competitive & Pairs
M T W R F	3:00 pm - 4:50 pm	Open Lifting
M T W R F	4:50 pm - 5:30 pm	Freestyle/High

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: _____