



SKATER DEVELOPMENT PROGRAM 2016

July 4 – August 26

18005 Aurora Avenue North • Shoreline, WA 98133 • 206-546-2431
www.highlandice.com

SKATER'S NAME _____

I N F O R M A T I O N

- A 25% deposit must be paid by May 22, 2016 to participate in the program.
- 10% discount given (a la carte and Bridge Program only) if paid in full by June 19, 2016.
- Final payment must be received by June 30, 2016.
- There is a \$25.00 processing fee for all refunds; however, there will be **no refunds after June 19, 2016.**
- There will be no credits for missed sessions. Cancellations must have approval of Terry Green or Diana Stephens.
- **All skaters must have a credit / debit card on file. Any sessions attended during the week that were not pre-paid will be charged to the card on the following Monday.** Initial _____
- Sessions with less than eight (8) skaters / students may be cancelled and skaters / students may be moved to another session.
- All skaters **must sign-in / check-in** for all sessions **before** going onto the ice / attending class. Those who do not sign-in / check-in may be removed from the ice / class for the remainder of the session without refund or credit.
- Skaters are responsible to skate in a safe, courteous and attentive manner displaying good sportsmanship at all times. Skaters not using their time wisely may be moved to a less competitive session.
- *Skaters not adhering to the posted responsibility codes may be asked to leave the ice for the remainder of the session without refund or credit.*
- Private lesson fees for Freestyle sessions **are not included**. Students are responsible for scheduling lessons with the Highland instructor of their choice.

C L A S S E S W I T H I N S T R U C T I O N

DARTFISH:	Skating technique review. Instructor: Darin Hosier
DYNAMIC OFF-ICE WARM UP:	Prepare for your skating day. Instructor: Darin Hosier
SPINS:	Improve form and increase speed of rotations. Instructor: Corrie Martin and Becci Safai
STROKING:	Power stroking and edges. Instructor: Highland Staff Instructors
SKILLS:	General skating skills for the mid-level skater. Instructor: Kalina Chung M / W focus on jumps, T / F focus on edges and turns, Th focus on music interpretation and artistry.
BALLET:	Discipline, poise and balance. Instructor: Marco Carrabba. Monday
STRETCH:	Proper stretching and cool down after skating. Instructor: Corrie Martin. Tuesday, Thursday
STRENGTH TRAINING:	Gain core strength, stability and stamina. Instructor: Blue Stiley. Wednesday, Friday

O F F I C E U S E O N L Y

	AMOUNT	RECEIVED BY	DATE	RECEIPT #		AMOUNT	RECEIVED BY	DATE	RECEIPT #
TOTAL DUE	\$				PAYMENT				
PAYMENT					BALANCE				
BALANCE					PAYMENT				
PAYMENT					BALANCE				
BALANCE					PAYMENT				

MANAGEMENT RESERVES THE RIGHT TO RESCHEDULE SESSIONS

Name of Skater	Date	
Address	City	State/Zip
Home Telephone	Cell Phone 1	
Cell Phone 2	Birth Date	
Coach(es)	Email	

MEDICAL RELEASE

In the event that I am unable to consent to medical care for myself and/or my minor child, I hereby authorize Highland Sports Center Inc. to obtain any necessary medical assistance.

Signature of Parent/Guardian or Participant if 18 years of age

Please list any allergies, drug allergies or medical conditions we should be aware of.

Highland Sports Center, Inc. Participant Release - Read Before Signing -

In consideration of being allowed to participate in any way in the **Highland Ice Arena** program, related events and activities of **Skater Development Program 2016**, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in **Skater Development Program 2016**, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in **Skater Development Program 2016** If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE **Highland Sports Center, Inc.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration may be enforced by any court of competent jurisdiction.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant's Signature (age 18 and up)

Date

Emergency Telephone(s) and Contacts

Birthdate of Participant

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Participant under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature

Date



SKATER DEVELOPMENT PROGRAM 2016

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SKATER'S NAME _____

DROP-IN PRICING

FS \$14.00	DF \$ 8.00	WU \$ 8.00	ST-H \$ 8.00	ST-M \$ 4.00
SK 8.00	SP-H \$ 8.00	SP-M \$ 8.00	OI \$16.50	

A LA CARTE PRICING

FULL WEEK, M-F + SAT/SUN (20% DISCOUNT)

FS	# _____	sessions X _____	weeks X _____	\$11.20 = \$ _____
DF	# 5	sessions X _____	weeks X _____	\$6.40 = \$ _____
WU	# 5	sessions X _____	weeks X _____	\$6.40 = \$ _____
ST-H	# 5	sessions X _____	weeks X _____	\$6.40 = \$ _____
ST-M	# 5	sessions X _____	weeks X _____	\$3.20 = \$ _____
SK	# 5	sessions X _____	weeks X _____	\$6.40 = \$ _____
SP-H	# 5	sessions X _____	weeks X _____	\$6.40 = \$ _____
SP-M	# 5	sessions X _____	weeks X _____	\$6.40 = \$ _____
OI	# 5	sessions X _____	weeks X _____	\$13.20 = \$ _____

SUB TOTAL \$ _____

Paid in full by June 19, 2016 = 10% discount \$ _____

FULL WEEK TOTAL \$ _____

PART WEEK, 1-4 DAYS/SESSIONS PER WEEK (15% DISCOUNT)

FS	# _____	sessions X _____	weeks X _____	\$11.90 = \$ _____
DF	# _____	sessions X _____	weeks X _____	\$6.80 = \$ _____
WU	# _____	sessions X _____	weeks X _____	\$6.80 = \$ _____
ST-H	# _____	sessions X _____	weeks X _____	\$6.80 = \$ _____
ST-M	# _____	sessions X _____	weeks X _____	\$3.40 = \$ _____
SK	# _____	sessions X _____	weeks X _____	\$6.80 = \$ _____
SP-H	# _____	sessions X _____	weeks X _____	\$6.80 = \$ _____
SP-M	# _____	sessions X _____	weeks X _____	\$6.80 = \$ _____
OI	# _____	sessions X _____	weeks X _____	\$14.00 = \$ _____

SUB TOTAL \$ _____

Paid in full by June 19, 2016 = 10% discount \$ _____

PART WEEK TOTAL \$ _____

BRIDGE PROGRAM PRICING

SUB TOTAL \$ _____

Paid in full by June 19, 2016 = 10% discount \$ _____

PACKAGE TOTAL \$ _____

MONTHLY FLAT RATE -

Freestyle & Public Sessions Only

(July / August 2016)

Valid for one skater from the 1st of the month through the last day of the month (no pro-rating). All skaters must check-in/sign-in before skating for all Freestyle and Public sessions. Passes are non-refundable and non-transferable.

All Skaters ages 3-5	\$175.00
Adult (21+)	\$195.00
Non-Test / 6+ yrs -- Pre-Juvenile	\$275.00
Juvenile -- Senior	\$330.00

*Skaters using flat-rate passes must fill out the A La Carte form with the Freestyle sessions they will be skating. The Skaters name will be listed on the Daily Sheets for the selected sessions. Skaters may sign in for other sessions as space is available.

PRE-PAID FREESTYLE SESSION CARDS

Valid on all Freestyle sessions, have no expiration date and may be shared by family members.

\$126.00	10 Sessions	\$12.60/session (10% disc)
\$224.00	20 Sessions	\$11.20/session (20% disc)
\$315.00	30 Sessions	\$10.50/session (25% disc)
\$392.00	40 Sessions	\$ 9.80/session (30% disc)
\$455.00	50 Sessions	\$ 9.10/session (35% disc)

PRE-PAID PUBLIC ADMISSION CARDS

ADULT / TEEN	CHILD / SENIOR	
\$ 67.50	\$ 58.50	For 10 Sessions (10% discount)
\$132.00	\$114.40	For 20 Sessions (12% discount)

10 Pre-Paid FS	Qty _____	\$126.00 = \$ _____
20 Pre-Paid FS	Qty _____	\$224.00 = \$ _____
30 Pre-Paid FS	Qty _____	\$315.00 = \$ _____
40 Pre-Paid FS	Qty _____	\$392.00 = \$ _____
50 Pre-Paid FS	Qty _____	\$455.00 = \$ _____
Pass: Ages 3-5	Jul / Aug	\$175.00 = \$ _____
Pass: Adult	Jul / Aug	\$195.00 = \$ _____
Pass: NT6+ -- PJ	Jul / Aug	\$275.00 = \$ _____
Pass: Juv -- Sr	Jul / Aug	\$330.00 = \$ _____
TOTAL		\$ _____