



SKATER DEVELOPMENT PROGRAM 2018

June 25 – August 25

18005 Aurora Avenue North • Shoreline, WA 98133 • 206-546-2431

www.highlandice.com

SKATER'S NAME _____

ONE FORM PER SKATER

INFORMATION

- 9 week Flat Rate Passes are available through June 15, 2018 (not available after this date).
- Monthly Passes (available for adults only) must be paid by the first of each month.
- There will be no refunds or make-ups except for injury or major illness (physician letter required). \$35.00 processing fee applied to all refunds. Initial _____
- All skaters must have a credit / debit card on file. Any sessions attended during the week that were not pre-paid will be charged at the drop-in rate to the card on the following Monday. Initial _____
- 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 will 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.

Participants and/or family may be photographed and/or digitally recorded during on and off ice activities. I understand Highland Sports Center Inc, Highland Ice Arena, Highland Skating School retains the right to use these images, video and/or audio in literature and advertising without limitation and without compensation to participant or parent/guardian. Initial _____

SDP PROGRAM

*This training program is geared towards competitive skaters. Skaters must have passed one of the following tests; pre-preliminary MIF, adult pre-bronze MIF, preliminary dance, **OR HAVE INSTRUCTOR PERMISSION.***

Coach Signature _____

BRIDGE PROGRAM

This program is for Learn To Skate Pre-FS through No-Test skaters. We recommend skaters have at least one private lesson each week on a Freestyle session. This enables the instructor to teach the skater proper skating etiquette and safety, and how to use your time wisely. If you do not have a private instructor please contact Mrs. Green, who will assist you in finding an instructor.

OFFICE USE ONLY									
	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 2018**, 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 2018**, 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 2018**. 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 _____



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SKATER'S NAME _____

SCHEDULE - FREESTYLE, OFF-ICE CLASSES, ON-ICE CLASSES				Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Time	Session	Loc	Days Available	Jun 25-30	Jul 1-7	Jul 8-14	Jul 15-21	Jul 22-28	Ju29-Au4	Aug 5-11	Aug 12-18	Aug 19-25
6:00a - 6:45a	Freestyle-O	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
6:45a - 7:30a	Freestyle-O	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
7:40a - 8:10a	Warm-up-H, M	L	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
7:30a - 8:15a	Freestyle-O	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
8:30a - 9:15a	Freestyle-O	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
8:55a - 9:10a	Warm-up ★		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
9:15a -10:00a	Freestyle-O	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
10:00a -10:25a	Skills Class ★	2	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
10:15a -11:00a	Freestyle-H	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
11:00a -11:45a	Freestyle-M ★	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
11:30a -11:55a	Spin Class-H	2	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
12:00p -12:25p	Spin Class-M ★	2	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
12:00p -12:30p	Stroking-H	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
12:30p -12:45p	Stroking-M ★	1	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
12:50p - 1:50p	Off Ice Class ★	S	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>									
2:00p - 2:30p	Dartfish	L	T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/>									
7:45a - 8:45a	Freestyle-O	1										
12:15p - 1:15p	Freestyle-O	1										

H = HIGH TEST: MUST HAVE 1 CONSISTENT DOUBLE JUMP | M = MID TEST: LEARN TO SKATE PRE-FS - NO TEST | O = OPEN TO ALL LEVELS

FREESTYLES	OFF ICE CLASSES	ON ICE CLASS
★ = BRIDGE PROGRAM	Monday-Friday Public Sessions: 9:15am-11:15am /R2, 1:00pm-5:15pm/R1	

CLASSES WITH INSTRUCTION	
DYNAMIC WARM UP (OFF-ICE) :	Prepare for your skating day. Instructor: Darin Hosier
BRIDGE WARM UP (OFF-ICE) :	Prepare for your skating day. Instructor: Highland Staff Instructors
SPINS & SPIRALS (ON-ICE) :	Improve form, increase speed of rotations, spirals. Instructor: Corrie Martin, Becci Safai
STROKING (ON-ICE) :	Power stroking and edges. Instructor: Highland Staff Instructors
SKILLS (ON-ICE) :	General skating skills for the mid-level skater; jumps, edges and turns, music interpretation and artistry. Instructors: Kalina Chung, Julie Draney, Heather VanHulle.
BALLET (OFF-ICE) :	Discipline, poise and balance. Instructor: Marco Carrabba. Monday
STRETCH (OFF-ICE) :	Proper stretching and cool down after skating. Instructor: Corrie Martin. Tuesday, Thursday
CONDITIONING (OFF-ICE) :	Gain core strength, stability and stamina. Instructor: Blue Stiley. Wednesday, Friday
DARTFISH (OFF-ICE) :	Skating technique review. Instructor: Darin Hosier

WHAT TO BRING:

General: water bottle, lunch and snacks (remember your utensils), appropriate clothing (including jacket)

Warm-up: sturdy sport shoes (no heellies), jump rope

Ballet: ballet slippers or socks

Stretch: yoga mat, towel

Conditioning: sturdy sport shoes (no heellies), yoga mat, towel

Dartfish: notebook and pen or pencil

LEGEND	High = 1 consistent double	Mid = LTS Pre-FS - No Test	FS = Freestyle (open)
DF = Dartfish	WU = Warm-up	ST-H = Stroking-High	ST-M = Stroking-Mid
OI = Off Ice Class	SK = Skills Class	SP-H = Spin/Skills Class-High	SP-M = Spin/Skills Class-Mid



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SKATER'S NAME _____

FLAT RATE PASSES

9 Week - Valid for one skater from June 25 - August 25, 2018.

Passes are non-refundable and non-transferable, no pro-rating.

1 Week - Valid for one skater (Sunday-Saturday), non-refundable and non-transferable. Must be purchased no later than Monday of each week.

For the best discount, buy your passes early!

SDP = All Freestyle, All Public, All On & Off Ice Classes

BRIDGE = 11:00 am Freestyle (M-F), All Public,

Bridge Warm-up, Skills Class, Stroking-Mid, Spins-Mid, Off Ice Class

9 WEEK SDP

Price through May 1	Price through June 15	Price after June 15
\$1800	\$2000	n/a

1 WEEK SDP

Price through May 1	Price through June 15	Price after June 15
\$270	\$290	\$310

9 WEEK BRIDGE

Price through May 1	Price through June 15	Price after June 15
\$1000	\$1200	n/a

1 WEEK BRIDGE

Price through May 1	Price through June 15	Price after June 15
\$150	\$170	\$190

MONTHLY FLAT RATE - ADULT ONLY (21+)

Freestyle & Public Sessions Only

(July / August 2018)

Valid for one adult from the 1st of the month through the last day of the month (no pro-rating). Non-refundable and non-transferable.

\$195.00

Monthly Passes must be purchased by the first of the month.

All skaters must sign-in for all sessions before going onto the ice. Those who do not sign-in may be removed from the ice for the remainder of the session without refund or credit.

DROP-IN PRICING

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

INDIVIDUAL SESSION PRICING

THESE PRICES ARE A 15% DISCOUNT OFF OF DROP-IN RATES
Must be purchased no later than Monday of each week.

FS	# _____	sessions X _____	weeks X	\$11.90 = \$ _____
WU	# _____	sessions X _____	weeks X	\$6.80 = \$ _____
WU★	# _____	sessions X _____	weeks X	\$3.40 = \$ _____
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 = \$ _____
DF	# _____	sessions X _____	weeks X	\$6.80 = \$ _____
TOTAL \$				_____

9 WEEK SDP PROGRAM FLAT RATE

Purchased by May 1 **\$1800**

Purchased by June 15 **\$2000**

1 WEEK SDP PROGRAM FLAT RATE

Thru May 1 **\$270 x _____ weeks** \$ _____

Thru June 1 **\$290 x _____ weeks** \$ _____

After June 1 **\$310 x _____ weeks** \$ _____

Please circle weeks you are attending 1 2 3 4 5 6 7 8 9

9 WEEK BRIDGE PROGRAM FLAT RATE

Purchased by May 1 **\$1000**

Purchased by June 15 **\$1200**

1 WEEK BRIDGE PROGRAM FLAT RATE

Thru May 1 **\$150 x _____ weeks** \$ _____

Thru June 1 **\$170 x _____ weeks** \$ _____

After June 1 **\$190 x _____ weeks** \$ _____

Please circle weeks you are attending 1 2 3 4 5 6 7 8 9

MONTHLY PASS (21+ ONLY) PRICING

July / August **\$195.00 x _____ mo** \$ _____