

Louisville Skating Academy - Registration Form – Early Fall 2010

To register for this session, please fill out this form including the waiver and return it to: Louisville Skating Academy, c/o Rebecca Hatch-Purnell, 2211 Homewood Drive, Louisville, KY 40223. Please see the LSA website for more information about classes.

Skater's Name _____ D.O.B. _____ Sex _____
Parent's Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email Address _____ Is this a new email address for LSA's records? Y / N
Has the Skater skated before? Y / N If so, USFSA or ISI level achieved (if any) _____

**** Skate rental is free for those skaters who need skates. Properly fitted helmets are recommended strongly for all skaters age 5 and under. Please visit the LSA website for a description of classes and programs.****

Basic Skills Group Class

7 Weeks. Mondays, Aug. 30 – Oct. 18, 2010 6:30 - 7:30 p.m. **(\$87.50)** _____

(no class on Labor Day)

-or-

8 Weeks. Tuesdays, Aug. 31 – Oct. 19, 2010 6:00 – 7:00 p.m. **(\$100)** _____

Therapeutic Class (\$45)

8 Weeks. Mondays, Aug. 30 – Oct. 18, 2010 6:30 - 7:30 p.m. _____

Junior Academy (formerly "Bridge") (\$100)

8 Weeks. Thursdays, Sept 2 – Oct. 21, 2010, 4:55 – 6:15 p.m. _____

Session includes 4:55 – 5:10 p.m. Off Ice Warm-up, 5:15 – 5:35 p.m. Group Class; 5:35 – 6:15 p.m. Free Skate. All levels welcome. Must be accompanied by a private lesson or a Monday or Tuesday group lesson.

Annual Membership Fee (\$15)

(per skater for 7/1/10 – 6/30/11 period. Each skater must pay the first time he or she enrolls during this period. '10 Coolest Camp participants are current members.) _____

Early Payment Discount

(\$5 off if payment made prior to August 21, 2010) _____

Grand Total:

Payment may be made by credit card (see below) or by check. Please make check payable to *Louisville Skating Academy*. A \$20 fee will be assessed for returned checks. LSA will not issue refunds. LSA reserves the right to adjust classes based on the number and levels of the skaters to enroll.

Waiver

I am aware that the sport of ice skating and related off-ice training and conditioning poses dangers and risks of injury. I also understand that my or my child's participation in this sport and in LSA skating and off-ice training and conditioning sessions, which may include skaters of varying experience, skills and abilities, places me or my child at greater risk of injury than choosing not to participate. I understand that I or my child, or others skaters on the ice, may need to practice skills where speed, power, and difficult, dangerous jumps, spins, spirals and moves are required. I understand that there will be times when skaters are skating backwards, spinning or practicing other maneuvers where it may not be possible to see clearly and stop their maneuver in time to prevent a collision with a skater who has crossed his or her path. I agree that I or my child have a responsibility to maintain a lookout for and to avoid a collision with skaters in such maneuvers. I understand that the coaches on the ice are not employees or agents of Louisville Skating Academy ("LSA") and that a coach cannot guarantee my or my child's safety. I am solely responsible for assessing, at all times, whether the conditions of the practice ice session, off-ice training session, the arena and ice surface are safe or suitable to my or my child's experience, skills, and abilities, and for exiting the session or arena and choosing not to participate if I deem conditions unsuitable. In consideration for my participation in LSA activities, I hereby release LSA and their officers, directors, members, volunteers, contractors and employees as well as independent contractor coaches ("Released Parties") from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any LSA activities and programs whether or not caused by the negligence or other fault of the Released Parties. In the event I am injured or incapacitated while participating in these activities or programs, I hereby give LSA permission to seek necessary medical assistance for me or my child. I agree that my provision to LSA of emergency contact phone numbers of persons who can be contacted on my behalf in the event of an emergency is voluntary and is merely for my convenience and in no way obligates LSA to keep such information up-to-date. I acknowledge that LSA substantially relies on volunteers, including other members and parents of skaters, to help oversee many of LSA's activities and I agree that LSA's attempt to gather emergency contact information does not impose liability on LSA related to any act or omission in the event of an emergency of any kind. I agree that the responsibility to assure my or my child's safety remains with me at all times. I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE, HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT IT THAT I MAY HAVE AND THAT MY SIGNATURE BELOW INDICATES MY AGREEMENT TO ALL OF ITS TERMS.

Signature of Participant or Legal Guardian

Date

Credit Card Payment

Circle: Master Card VISA Discover

Name on Card: _____

Street, City, State, Zip: _____

Card #: _____ Expir. Date: _____ CVV (3 numbers on back): _____

Card Holder's signature: _____