



Freestyle

FIGURE SKATING SESSIONS

at SportsCenter of Connecticut

2010 SPRING SUBSCRIPTION

**Beginning Week of
April 2nd**

(Thursday Session Starts March 4th)

Weekday and weekend subscription freestyle sessions for those requiring full ice practice.

Approved coaches are welcome.

Sign up for one or more sessions.



Freestyle Skate Subscription Schedule

DAY	SESSIONS	DATES	TIME	PRICE
MONDAY	13	APRIL 5TH - JUNE 28TH	5:30PM - 7:00PM	\$259
WEDNESDAY	13	APRIL 7TH - JUNE 30TH	5:00PM - 6:30PM	\$259
THURSDAY	17	MARCH 4TH - JUNE 24TH	4:00PM - 6:00PM	\$339
SATURDAY	13	APRIL 3RD - JUNE 26TH	6:00AM - 9:00AM	\$259

Walk-on fee, when available, is \$25 per session.

Exception Date: Thursday, March 25th Session is 4pm-5:30pm

Freestyle Skate Non-Subscription Schedule

DAY	TIME	PRICE
TUESDAY	6:15AM - 9:00AM	\$20
THURSDAY	6:15AM - 9:00AM	\$20
FRIDAY	6:15AM - 9:00AM	\$20

All sessions are less 10 minutes for ice resurfacing.



784 River Road (Exit 53 off Merritt Pkwy) SHELTON
203-929-6500 (EXT. 12)

www.SportsCenterCT.com



Freestyle Registration SPRING 2010

784 River Road, Shelton, CT 06484

203-929-6500 fax-203-929-7624

(Payment in full must accompany enrollment. Thank you.)

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ Home #: _____

Town: _____ State/Zip _____ Work/Cell #: _____

E-mail : _____

Check each Session(Day) (s) desired:

_____ Mon 5:30 to 7:00pm* @ \$259

_____ Wed 5:00 to 6:30pm* @ \$259

_____ Thurs. 4:00 to 6:00pm* @ \$339

_____ Sat 6:00am-9:00am* @ \$259

Total \$ _____

Make check payable to The Rinks or provide Credit Card Information:

I authorize The Rink at Shelton to charge the above balance to my account without further notice.

Credit Card #: _____

Exp. Date: ____/____/____

Ref :
Figure Skating

3 digit cvv2 code _____

The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, 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 Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings.
6. I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes without notice or remuneration of any kind. Participant has opted-in, and expressly gives their permission to receive e-mail information from Rinks.

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

PARTICIPANT HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (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 of 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 IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
Parent/Guardian or Participant Signature

* 10 minutes for ice resurfacing for each class. **No Make-ups.** Pro-rata refunds only if due to injury/major sickness (Doctor's note required) net of \$35 admin fee. All programs are subject to availability. **All prices/programs are subject to change without notice.**