

April-June 2017

Elite Skating Academy Registration

Skater's name:
Skater's DOB:
Address:
E-mail address:
Phone number:
Primary Coach:
Level:
Parent's name:

What day and time are you registering for?: _____

Program Dates/Times/Pricing: \$150 for 6 week program.

- Ice time sticker not included in program pricing.
- 1 hour of instruction, 30 minute off ice class & 30 minute semi-private lesson per wk, SAME DAY.
- All current ESA participants are eligible for a \$5 discount off next full rotation, if registered by 4/20/17. Additional \$10 discount for sibling or if signing up for multiple days. Staggered payment available if signing up for multiple days.

Thursdays: April 27-June 1:

THURS ON-ICE LESSON:

Choose 5:10pm-5:40pm _____

or 6:30pm-7:00pm _____

THURS OFF-ICE LESSON:

5:50pm-6:20pm

Saturdays: April 29-June 10 (No class 5/20):

SATURDAY ON-ICE LESSON:

2:00pm-2:30pm _____

SATURDAY OFF-ICE LESSON:

1:15pm-1:45pm



*Thursday coaches: 5:10: Kristin & Mathew. 6:30: Andrey, Mathew, Pam.

*Saturday coaches: Andrey, Mathew, Pam, Kristin, Kendal.

*Substitute coaches: Danielle, Sasha, Mackenzie

*Skaters will get the opportunity to work with all coaches on their chosen day/time.

*Check payable to Elite Skating Academy LLC – drop off registration form and payment at front desk for coach Mathew. Registration packet may be scanned and emailed to ESA.

***Register early to secure your spot! Rolling enrollment available if there are open spots. *No refunds. *Make ups allowed if space is available on a different day/time.**

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ESA Skater Questionnaire

Do you participate in any other skating classes? If so, which classes and how often?
When and where did you first begin skating?
Do you practice? If so, how often?
Do you have a coach for private lessons? (How often/who is your coach?)
Do you participate in any sports or activities outside of skating? (Example: dance, gymnastics, soccer, etc)
How did you learn about Elite Skating Academy?
What are you looking to get out of Elite Skating Academy?

Please check areas are you interested in pursuing:

Freestyle___

Ice Dance___

Synchro___

Testing___

Competitions___

Ice Shows___

Questions? Contact ESA: EliteSkatingAcademyLLC@gmail.com

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ESA Waiver & Photo Release

I grant to Elite Skating Academy, its representatives and employees the right to take photographs of me and my property in connection with the program. I authorize Elite Skating Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Elite Skating Academy may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the waiver above:

Child's name: _____

Parent's name _____

Signature (parent or guardian if under 18) _____

Date _____

1. All applicants must pay tuition in advance. 2. Lessons will begin at the time and place indicated in the program description. 3. The Director reserves the right to change the day/time of lesson. Lessons will be merged/divided as needed. 4. In the event students cannot make the regularly scheduled lesson, or an alternate lesson scheduled by the Director, a make up lesson may be taken, if alternate day is available. A maximum of 1 make-up class per rotation will be permitted. There will be no credit or refund for absences. In any event, all make-up lessons must be made prior to the last day of the enrollment term. 5. ESA Coaches will rotate among the sub-groups. 6. This waiver must be signed and returned before lessons start.

*Ice Skating involves certain inherent risk, dangers and hazards which can result in serious personal injury. The skater and the skater's parent or legal guardian assume and accept all risk of injury while in the Extreme Ice Center ("facility") and while participating in an Elite Skating Academy program. All skaters agree to abide by the posted Skater's Responsibility Code and acknowledge that skaters skate at their own risk.

The above named student and their parents, or guardian agree that Elite Skating Academy is not responsible for loss or damage to any personal property, any injury or illness sustained during the activity, or caused by any pre-existing condition.

I have read and understand the waiver above:

Child's name: _____

Parent's name _____

Signature (parent or guardian if under 18) _____

Date _____