

# 2018-2019 *Home Club Member*

Skating Club of Central New York

5575 Meltzer Court, Suite 9, Cicero, NY 13039

Name:	Birth Date:	US Figure Skating Member Number:
Street:	City:	State & Zip:
Parent/Guardian Name:	Email:	Emergency Contact:
Home Phone:	Work Phone:	Cell Phone:
Main Coach:	Home Club:	

The use of Cicero Twin Ice Rinks could result in personal injury. The parent and/or guardian or skater if over 18 assumes all risks of personal injury or damage to the skater and/or his/her property that he/she may suffer by using the Cicero Twin Ice Rinks. The parent/guardian/skater further acknowledges that since they or their child is using the New Dimensions Property/Cicero Twin Ice Rinks at their own risk, the Skating Club of CNY bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the Cicero Commons. As parent/guardian or skater over 18, I expressly acknowledge my understanding and acceptance of the information contained in the registration packet and agrees to assume all risks of any personal injuries whatsoever that my son/daughter or I may incur during the use of the New Dimensions Property/Cicero Twin Rinks/Skating Club of CNY skating sessions.

Parent or Skater over age 18 signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Package Payments:** A package is a minimum of one session per week purchased during the skating package block. In order to receive the session rate, you must purchase the minimum number of sessions, either 30 minute or 45 minute or 1 hour or 1 ½ hour sessions or a combination. Packages purchased without the minimum number of sessions will be charged the walk on rate. The sessions can be used at any time during that block. Unused sessions will not carry over to future blocks. You may add to your package at any time. The skating blocks vary slightly in length. Home Club members and guest skaters may purchase packages. Guest skaters pay a different package rate. **Package payment must be paid at the time of submittal of this ice package form to the SC of CNY.**

**Walk on Fee:** Skaters without packages will pay **\$12** for a 30 minute session, **\$15** for a 45 minute session, **\$20** for a 1 hour session and **\$25** for a 1 ½ hour session.

**Sessions:** All sessions are “open” to any skater pre freeski level and above. Any skater under the pre free skate level will be allowed to skate on club ice in a lesson only. *Any exception to this must be granted by the SCCNY Board. (Current skaters below pre freeski level already skating independently on club ice will be grandfathered in)*

**US Figure Skating & SC of CNY Home Club Dues:** \$95 for the first family member and \$55 for each additional member of the family. All skaters must be registered with a US Figure Skating Club to skate on our ice. Forms may be downloaded from the SC of CNY Club site ([www.sccny.org](http://www.sccny.org)). If you have questions about membership contact Kim Zdrojewski @ [kzdro@yahoo.com](mailto:kzdro@yahoo.com).

**Check our Facebook page, web site and the club desk in the rink lobby for any ice schedule changes or other club information and updates.**

**Before you step on the ice, be sure to check in with the monitors to let them know your name and the sessions you are skating.**

## **Authorization**

**MEDICAL TREATMENT OF MINORS**

<b>NAME OF MINOR</b>	<b>BIRTHDATE</b>	<b>IDENTIFY ALLERGY OR SPECIAL CONDITION</b>

**Skating Club of CNY 5575 Meltzer Court Cicero, NY 13039**

**I \_\_\_\_\_, name the Skating Club of CNY to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from: July 1, 2018 - June 30, 2019. This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_**

**Insurance Carrier \_\_\_\_\_ Group/Policy# \_\_\_\_\_**

**FAMILY PHYSICIANS**

**Name \_\_\_\_\_ Phone \_\_\_\_\_**

**Name \_\_\_\_\_ Phone \_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION**

**Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_**

**Parent 1: \_\_\_\_\_ Cell # \_\_\_\_\_**

**Parent 2: \_\_\_\_\_ Cell # \_\_\_\_\_**

**Guardian: \_\_\_\_\_ Cell # \_\_\_\_\_**

**Person other than parent to contact in case of emergency:**

**Name: \_\_\_\_\_ Phone # \_\_\_\_\_**

**Relationship to child: \_\_\_\_\_**

**Home Club Ice Block Package**

**Block # \_\_\_\_\_**

Skater's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Block Number	Block Dates	Weeks per Block
Summer Block	July 9 - Aug 30	8 Weeks
1	Sept 10 - Nov 17	10 Weeks
2	Nov 19 - Feb 2	11 Weeks
3	Feb 4 - Apr 20	11 Weeks
4	Apr 22 - June 27	10 Weeks

**Ice Schedule July 9, 2018 – August 30, 2018**

Monday	Tuesday	Wednesday	Thursday
4:00 - 4:45 PM	4:00 – 4:45 PM	3:45 – 4:30 PM	4:00 – 4:45 PM
4:45 – 5:30 PM	4:45 – 5:30 PM	4:30 – 5:15 PM	4:45 – 5:30 PM
5:30 – 6:15 PM	5:30 – 6:15 PM	5:15 – 6:00 PM	5:30 – 6:15 PM
6:15 – 7:00 PM	6:15 – 7:00 PM	6:00 – 6:30 PM	6:15 – 7:00 PM

Please determine the number of 30 minute, 45 minute, 1 hour and 1 ½ hour sessions you will use for the block of ice time. Please remember you must purchase a minimum of one session per week to receive the block rate. You can use the sessions anytime during the block they were purchased. You may purchase combinations of different session lengths but you must buy at least one session per week per block. Unused sessions will not carry over to future blocks.

**Package payment must be paid at the time of submittal of this ice package form to the SC of CNY.**

Session Length	Number of sessions	Cost per Session	Cost for session group (Cost X # of Sessions)
30 minute session		<b>\$10</b>	\$
45 minute session		<b>\$13</b>	\$
1 hour session		<b>\$17</b>	\$
1 ½ hour session		<b>\$22</b>	\$
<b>Sub Total</b>			\$
<b>Multi Child Discount</b>	<b>Discount your total package 25% for each additional child</b>		\$
<b>Current Block Total</b>			\$
Unpaid Balance – Previous Block # _____			\$
Please make your check payable to “ <b>SC of CNY</b> ”		<b>Total Due</b>	\$
Amount Paid _____	Date Paid _____	Receipt # _____	Check # _____ Cash <input type="checkbox"/> Check <input type="checkbox"/>

**# and Type of Free Sessions** \_\_\_\_\_

**Home Club** Skater's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Block #: \_\_\_\_\_

Email \_\_\_\_\_

**Attendance Record**

**30 Minute Session:**

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**45 Minute Sessions:**


**1 Hour Sessions:**


**1 ½ Hour Sessions:**


**Unpaid Balance at End of Current Block \$ \_\_\_\_\_**