

**LIGHTHOUSE FIGURE SKATING CLUB SATURDAY ICE CONTRACT:**  
**ON-ICE POWER SKATING AND EDGE CLASS**

This class will focus upon power and speed development as well as edge/figure work. Class will also cover edge control and footwork for performance enhancement. Class is applicable to all levels of skater as there will be 2 instructors dividing groups into high and low levels.

**May 10<sup>th</sup> 2008 – June 28<sup>th</sup> 2008 (TOTAL 7 WEEKS)**

FULL ICE CONTRACT \$18.00 per hour for LFSC Full, Adult, Family & Bridge Members

\$20.00/hour for contracted non-members and for partial ice contracts. To receive discounted rate you must contract for the FULL 7 weeks AND MAKE PAYMENTS ON TIME. NO EXCEPTIONS.

(Walk on fee is \$20.00 per hour)

**12:00 – 12:30pm X \_\_\_\_\_ \$ PER HOUR X \_\_\_\_\_ WEEKS    TOTAL = \$ \_\_\_\_\_**  
**DEPOSIT = \$ \_\_\_\_\_**  
**BALANCE = \$ \_\_\_\_\_**

**NO SKATING MAY 3<sup>RD</sup> OR MAY 24<sup>TH</sup>**

*50% DEPOSIT DUE WITH APPLICATION MAY 10<sup>TH</sup> 2008. REMAINING BALANCE DUE BY JUNE 21<sup>ST</sup> 2008. PAYMENT MUST BE RECEIVED WITHIN THESE GUIDELINES TO RECEIVE THE MEMBER DISCOUNTED RATE OF \$18.00/HR. IF PAYMENT IS NOT RECEIVED WITHIN THE ABOVE STATED DEADLINES YOU WILL BE CHARGED THE NON-MEMBER RATE OF \$20.00/HR. Partial contracts also will be billed \$20.00/hour NO EXCEPTIONS!!!!*

Refunds only due to illness, injury (MD Note Required) or competitions.

Name: \_\_\_\_\_ USFSA # \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Lighthouse Figure Skating Club of Cape Cod, Inc. Regulations & Release form:**

I understand that I must abide by the rules and regulations of the Lighthouse Figure Skating Club of Cape Cod Inc. and Mid-Cape Ice Arena Inc. pertaining to conduct and procedures. I will not hold any employee of Mid-Cape Ice Arena or any member or Board Member of Lighthouse Figure Skating Club of Cape Cod Inc. liable for any damages that I or my child may incur either physically, monetarily, or psychologically while I or my child are on rink property or while participating in Lighthouse Figure Skating Club of Cape Cod Inc. ice sessions or activities. In the event of illness the Lighthouse Figure Skating Club of Cape Cod Inc or the Mid-Cape Ice Arena Inc. has my permission to provide first-aid emergency care. I agree to pay in full for the above noted sessions/ice contract.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian if under 18 years of age