Out of Club Permission

_____, is a member in good standing with _____ and has received permission to take tests at the Niagara Falls Skating Academy.

_____

Signature of Home Club Official

_____

Date

- Schedule is subject to change prior to the start date.

Refund Policy

There will be no refunds once sessions begin unless a doctors note is provided. A $24 Administration fee will apply.

Release Waiver

I, the undersigned give my consent for _____to participate in the activities of the Niagara Falls Skating Academy and understand the potential risk of injury associated with this participation. I hereby release and discharge the Niagara Falls Skating Academy and its agents, made up of coaches, directors, officers, volunteers and members of the club of all claims, damages, activities or actions that may result in the above mentioned skaters participation with the club and from all claims or demands in law or in equity which I, my heir, administrators, executors or assignees can, shall or may have because of such participation.

_____

Parent or Skater Name Printed

_____

Parent or Skater Signature

_____

Date

Niagara Falls Skating Academy

Spring School

April 3rd to May 16th

Please see following detailed schedule for times and ice pad locations.

Gale Centre & Chippawa Willoughby Arenas

For Office Use: Cash____Cheque___Debit___Credit_____

Skater Information

Please fill out the following in detail:

Skaters First Name:_____

Skater Last Name:_____

Date of Birth (mm/dd/yy) _____

Address:_____

City: _____

Province: _____ Postal Code: _____

Home Phone: _____

Email: _____

Coach: _____

Coaches email: _____

Home Club: _____

Skate Canada #: _____

Medical conditions that we should be aware of:

_____

Last Free Skate Passed: _____

Last Dance Passed: _____

Last Skills Passed: _____

Session Information

Select your session:

☐ Pre-Junior STARSkate (Low Session)

- Must have passed Canskate stage 4
- 1 hour ice time with 45 minutes of group lessons
- Private lessons optional
- **Offered <u>only</u> Wednesdays & Thursdays 5:25-6:25**

☐ Junior Starskate (Low Session)

- Must have obtained a private coach
- Working towards the Preliminary Freeskate or Dance tests
- 1 hour 40 min of ice time
- Includes 15 minutes of stroking
- **Offered Monday, Wednesdays & Thursdays 5:25-7:05**

☐ Senior STARSkate (High Session)

- Must be working with a private coach
- Must have passed their Preliminary Freeskate or be working on Senior Bronze Dance tests
- OR be over 12 years of age
- 1 hour 40 minutes of ice time
- Included 15 minutes of stroking
- **Offered Mondays, Wednesdays & Thursdays 7:05-8:45**

Pricing Information

Select your package:

1 Day (6 Sessions): $135

☐ Mon ☐ Wed ☐ Thurs

2 Day (12 Sessions): $245

☐ Mon ☐ Wed ☐ Thurs

3 Day (18 Sessions): $325

****junior & senior only**

☐ Mon ☐ Wed ☐ Thurs

Total Amount Due: $_____

Payments can be dropped off to the NFSA office or mailed **<u>prior to March 15th</u>** to:

Niagara Falls Skating Academy

#106-4171 Fourth Avenue

Niagara Falls, ON L2E 0A2

info@niagarafallsskatingacademy.org

<u>PRIOR TO MARCH 15th, 2013</u>