

SYNCHRO SKILLS



NEW FOR THE 2019 - 2020 SEASON!

In an effort to encourage early registrations there will be two Registration Fees for all classes.

- An Early Registration Fee - All Registration Fees will stay the same amount as the prior season when completed before the first day of a class.
- A Day Of or After Registration Fee - Any registrations completed the first day of a class or after will be increased by \$10.00.

Early registration is extremely beneficial to allow the skaters and coaches the best opportunity to maximize their lesson time.

THURSDAY EVENING
Sep. 12, 19, 26, Oct. 3, 10, 17
6:10PM – 7:00PM



A specialty class introducing Synchronized Team Skating. There are so many benefits to participating in a team sport, and synchronized skating is a great way for figure skaters to participate in a sport they love while enjoying all of the aspects of working with others in a team-oriented sport.

DETAILS

- Must be working on Basic 4
- 50-minute class held on the Multi-Purpose Ice
- Additional Main Ice times may be added leading up to seasonal performances.

2019



2020

ENROLLMENT

Online registration and payment is available at:

<http://bgsuicearena.maxgalaxy.net/Home.aspx>

Name _____
 Birthdate _____ Gender _____ Age _____
 Parent/Guardian's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ HOME or CELL
 Email _____
 Skill Level _____
 Last session enrolled _____

2019 - 2020 SEASON MEMBERSHIP

(Membership season 1-time per year: July 1 - June 30)

___ \$18 Ice Arena LTS USA Membership (SPS - Basic 2)
 ___ \$30 BGSC LTS USA Membership (Basic 3-6, sign up directly through the BGSC)
 ___ \$70/\$100 BGSC Introduction & Full USFS Membership*
 (Free Skate & above directly through BGSC)
 *Please ask about other options if uncertain about membership

CLASSES

(No %10 rate, \$55 is a discounted rate)

___ FALL I ___ FALL II

___ \$55 Thursday 6:10PM

___ \$10 Day Of/After Registration

PAYMENT

- Full payment required with registration

Refund Policy: \$10 service charge on ALL refunds. 100% refund given before first day of class should a withdrawal be necessary. 50% refund given up to end of second class of each session. No refunds issued after second class. If injury occurs, a refund will be issued for remaining classes.

Method of Payment:

___ Cash ___ Credit Card ___ Check # _____

(Make checks payable to BGSU)

* Credit card payment can be processed in person at the Ice Arena Pro Shop, over the phone at 419.372.2264 or mailed to the address above. Due to Payment Card Industry compliance, please do not fax or email a completed registration form containing a credit card number.

* Parent/guardian release signature required prior to first lesson.

RELEASE

PARENT/GUARDIAN/ADULT PARTICIPANT: PLEASE COMPLETE THE RELEASE AS INDICATED BELOW.

I, _____
 of (address) _____
 City of _____

State of _____, voluntarily desire to enroll myself/my child in the 2019/20 Slater Family Ice Arena Figure Skating Program. I certify that I am cognizant of all the inherent dangers, risks and hazards associated with ice skating/hockey. In consideration of being permitted to enroll, I hereby voluntarily assume all risks of accident or injury to my person or property, whether foreseen or unforeseen. I hereby release Bowling Green State University, and the Slater Family Ice Arena Figure Skating Program, its employees, agents and representatives from any claim, liability, demand or suit of any kind sustained, whether or not caused by the negligence of Bowling Green State University, Slater Family Figure Skating, its employees, agents and representatives. I further agree to indemnify and hold Bowling Green State University, its employees, agents and representatives harmless from any claim, liability, demand or suit arising out of any alleged malfeasance, misfeasance of nonfeasance arising in connection with Slater Family Ice Arena Figure Skating. This release shall be binding upon my heirs, administrators, executors and assigns. Any photographs or video taken by Slater Family Ice Arena Staff are the property of the Slater Family Ice Arena. I represent that I am of lawful age and legally competent to sign this release; that I understand that the terms herein are contractual; and that I have signed this document as my own free act. By signing this release, I certify that I have read and fully understand the conditions herein provided.

X

 Signature of Parent/Guardian/Adult Participant

FOR MORE INFORMATION, CONTACT:

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 facebook.com/SlaterIceArena