

2008 GRAF RINK FREESTYLE

Spring Ice

April 8th – June 19th

Merrimack Valley SC members (full, associate and social) will receive priority until March 25th. Applications will be taken on a first come basis and only until space no longer permits. Please remember that spaces are not held from the previous series. Please remember that spaces may run out well before the deadline. After March 25th non-member applications will be accepted. After April 17th skaters will pay the walk-on fee for ice and will not be eligible for the contracted price.

Tuesday 4 – 5:50pm
Thursday 2:55 – 5:50pm

Skaters may do Dance and Moves on all sessions offered however, Freestyle is not allowed on Moves sessions unless you are having a lesson. It is recommended that each skater has passed at least the USFS Basic 5 level before they use this ice. Please contact the Skating Director, Nikki Roberts, for information regarding which session would be appropriate for your skater. Coaches who are interested in teaching on this ice must be approved by North Shore Rink Management.

Applications to coach on this ice may be obtained in the front office. Nikki may also be contacted in order to find a private coach.

A 50% deposit is due with your registration. Your final payment is due no later than May 8, 2008. Skaters will not be allowed to contract future sessions until their balances are paid in full. Skaters must check in with Nikki before taking the ice. There will be a limit of 20 contracted skaters allowed on each session. As a courtesy, please call the rink ahead of time if you will be missing a session. Walk-on skaters will be allowed if space permits due to cancellations and will be charged an additional \$2 per each session skated. Skaters must pay for walk-on sessions before they get on the ice. There will be no exceptions to this rule and no bills will be sent.

Please make your checks payable to NRM (North Shore Rink Management) and mail to:

**Graf Rink Freestyle
Henry Graf Rink
28 Low St.
Newburyport, MA 01950**

Credit cards will be accepted if you are paying in person at the rink.

PLEASE NOTE:

There will be no confirmations sent. You will be notified with any changed information. All schedules are subject to change depending on enrollment. There will be no refunds or make-ups given due to your own cancellations or conflicts. Refunds will only be granted for medical or family emergency situations. A doctor's note must be provided for medical refunds. Your 50% deposit and completed waiver must accompany your registration. The final balance must be paid no later than May 8, 2008. Skaters will not be allowed to contract future sessions until their balances are paid in full. Skaters are not allowed to switch one session for another or trade spaces with another skater. All skaters are responsible for their contracted ice payment regardless if they finish their sessions or not.

UPCOMING EVENTS:

The Graf Rink will offer summer Moves and Freestyle sessions on Monday evenings as well as Tuesday and Thursday mornings. More information will be coming soon!

**Graf Skating Rink - 28 Low St., Newburyport, MA 01950 / Janas Skating Rink - Douglas Rd., Lowell MA 01852
Graf Rink - Phone (978) 462-8112 - Fax (978) 462-1991-www.grafrink.com**

2008 Graf Rink Freestyle – Spring Ice Registration Form

| | | |
|-----------------------------------|----------------|-------------------------------|
| Name: | | |
| Full address: | | |
| Phone #: | | |
| Email address: | USFS #: | Home Club: |
| Age: | Date of birth: | |
| Highest skating level passed: | Moves: | Freestyle: Basic Skills: |
| Skating coach name: | | Phone #: |
| Parent names & phone #'s: | | |
| Emergency contact name & phone #: | | |

There will be a limit of 20 skaters allowed to contract each session. Your space will not be reserved until your application, payment and waiver have been received. Walk-on skaters will be allowed when space permits due to cancellations. A \$2 fee will be applied to the cost of each session skated.

Please check the session(s) you would like to contract:

TUESDAY April 8th – June 17th

_____ 4-4:50pm Freestyle (50 min.) \$13 x 11 weeks = \$143
 _____ 5-5:50pm Freestyle (50 min.) \$13 x 11 weeks = \$143

THURSDAY April 10th – June 19th

_____ 2:55-3:45pm Freestyle (50min.) \$13 x 11 weeks = \$143

or you may contract a ½ session:

_____ 3:20-3:45pm Freestyle (25min.) \$7 x 11 weeks = \$77
 _____ 3:45-4:35pm Freestyle (50min.) \$13 x 11 weeks = \$143
 _____ 4:45- 5pm Moves (15min.) \$5 x 11 weeks = \$55
 _____ 5-5:50pm Freestyle (50min.) \$13 x 11 weeks = \$143

\$ _____ TOTAL AMOUNT DUE
\$ _____ 50% DUE WITH REGISTRATION

VOLUNTEER/COMMUNITY SERVICE:

___ **Yes, I would like to volunteer my time on Thursday from 2-2:50pm during Tiny Tots.**
 ___ **Yes, I would like to volunteer my time on Tuesday from 6-6:50pm during Basic Skills.**
 ___ **Yes, I would like to volunteer my time on Thursday from 6-6:50pm during Basic Skills.**

I understand that I am responsible for all ice payments and that my final balance is due no later than May 8, 2008. I understand that there will be no refunds or make-ups given due to my own cancellations or conflicts. I understand that refunds will only be granted for family or medical emergency situations. I understand that a doctor's note must be provided for medical refunds. I understand that no confirmations will be sent and that all schedules are subject to change. I understand that I am not able to switch sessions or spaces with another skater. I understand that I am responsible for all contracted ice payments regardless if my skater finishes their sessions or not. I understand that the Graf Rink and its coaches and employees are not responsible for lost or stolen items. I have read this information and agree to all terms listed.

Signature _____
(Parent or guardian signature if the skater is under 18 years of age.) **Date**

**Please make checks payable to NRM and
 return your application, signed waiver and 50% deposit to:**

Graf Rink Freestyle
 Henry Graf Rink
 28 Low St., Newburyport, MA 01950

Credit cards will be accepted if you are paying in person at the rink.

For office use only:
 Deposit: _____ Check date/number: _____ Balance due: _____

ASSUMPTION OF RISK AND COMPLETE RELEASE

2008 Spring Ice Moves and Freestyle

Name _____ (Please Print)

Street Address _____ City, State, Zip _____

In consideration of permission to use, today and on all future dates, the property, facilities and services (Facilities) of Graf Skating Center Newburyport, I, the undersigned (Skater), hereby expressly agree:

- 1.) That skating is a participation sport and I am fully aware of the risks and hazards involved in or arising from my use or presence upon the facilities. I hereby assume any and all risks involved in or arising from my use of our presence upon the facilities, including, without limitation, the risks of bodily injury resulting from collision between myself and another person or a stationary object or the negligent or deliberate act of another person:
- 2.) TO RELEASE N.S.R.M., and all of its successors, assigns, affiliates, officers, directors, employees and agents from, and agrees NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims. Causes of action, injuries, damages, costs or expenses arising out of Skater's use of or presence upon the Facilities, including, but not limited to, those based on bodily injury, whether or not caused by the negligence or other fault of N.S.R.M.
- 3.) THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representative.
- 4.) TO WAIVE the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release:
- 5.) IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURRED BY N.S.R.M.
- 6.) I HAVE READ AND UNDERSTAND THIS AGREEMENT, I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE, I DO SO WAIVE VOLUNTARILY.

DATE _____

SIGNATURE _____

(Parent signature if under the age of 18.)