

# 2008 Graf Rink Summer Figure Skating Clinic

\*Applications are due no later than July 7<sup>th</sup>\*

**When:** July 14<sup>th</sup> – July 17<sup>th</sup> 12:30pm – 4pm **Where:** Graf Rink

Skaters will be dropped off at 12:30pm and picked up at 4pm

**Cost:** \$230 for the full Clinic or \$60 per individual day. A 50% deposit must be received with your registration form. \$75 of your payment is non-refundable. Your balance is due on or before July 14<sup>th</sup>. Refunds will only be given prior to the first day of the Clinic.

**Who:** It is recommended, but not required, that all skaters have previously participated in a USFS Basic Skills Program (Basic 1-8 and Freeskate 1-6). It is recommended, but not required, that skaters have passed at least the Basic 2 level of the USFS Basic Skills Program. **NEW SKATERS ARE WELCOME** but **MUST** be able to skate across the ice on their own and be able to get up on their own after they fall.

All skaters must be at least 5 years of age.

**Coaching Staff:** The Graf Summer Clinic will be taught by Graf Rink approved coaches.

The Graf Rink Summer Figure Skating Clinic is designed for a skater who is looking to polish their skills before the start of the September skating season. Skaters will focus on improving their technique during the 4-day period.

On ice activities include: group lessons, power skating, edge class and free skate. Off ice activities include: conditioning, stretching, strength training and arts & crafts. Lunch will not be served. A light snack will be provided. Please make sure to notify us of any allergies on the registration form. For more information please contact Nikki Roberts in the Graf Rink office at (978) 462-8112.

# 2008 Graf Rink Summer Figure Skating Clinic – Registration Form –

Name:	Age:	Date of birth:
Address:	Phone #:	Email:
Highest US Figure Skating test passed (if applicable):		
What Basic Skills program (club or rink) have you skated with (if any)?		
Health Concerns/Allergies-including food:		
Parent/Guardian names:	Phone #'s:	
Emergency contact:	Phone #:	
Skating coach (if any):	Phone #:	

**Please mark the dates that you will be attending the Clinic:**

July 14 <sup>th</sup>	July 15 <sup>th</sup>	July 16 <sup>th</sup>	July 17 <sup>th</sup>

1. 4 days for \$230 = \$230.00

2. Or, if contracting less than 4 days:  
# of days x \$60/day = \$ \_\_\_\_\_

Please sign the waiver on the reverse of this page and return registration and payment to:  
 Summer Skating Clinic  
 Graf Rink  
 28 Low St.  
 Newburyport, MA 01950  
 (Checks payable to NRM (North Shore Rink Management). Credit cards will only be accepted if you are paying in person at the rink.)

I understand that I am responsible for all payments and that my final balance is due on or before July 14, 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 given prior to the start of the Clinic. If the Clinic has already started, I understand that refunds will only be granted for family or medical emergency situations. I understand that \$75 of my total payment is non-refundable.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

For office use only:

Payment: \_\_\_\_\_ Date/Check #: \_\_\_\_\_ Balance: \_\_\_\_\_

**ASSUMPTION OF RISK AND COMPLETE RELEASE**

2008 Graf Rink Summer Figure Skating Clinic

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)