



# SUMMER FREESTYLE

## 2010 Enrollment Application

Skater's Last Name	Skater's First Name	Date of Birth	Male / Female
Address	Town	State / Zip	Email Address
Home Phone	Cell Phone	Freestyle Test Passed	MIF Test Passed

### 5-Day Freestyle Option Plan

PLEASE CHECK THE WEEK(S) AND SESSION(S) YOU WILL BE ATTENDING

WK #1	<input type="checkbox"/> (6/28 – 7/02)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #2	<input type="checkbox"/> (7/05 – 7/09)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #3	<input type="checkbox"/> (7/12 – 7/16)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #4	<input type="checkbox"/> (7/19 – 7/23)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #5	<input type="checkbox"/> (7/26 – 7/30)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #6	<input type="checkbox"/> (8/02 – 8/06)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #7	<input type="checkbox"/> (8/09 – 8/13)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #8	<input type="checkbox"/> (8/16 – 8/20)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #9	<input type="checkbox"/> (8/23 – 8/27)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week
WK #10	<input type="checkbox"/> (8/30 – 9/03)	SESSION: <input type="checkbox"/> 5:30 AM <input type="checkbox"/> 6:30 AM <input type="checkbox"/> 7:40 AM @ \$70 x ___ + <input type="checkbox"/> 8:40 AM @ \$38.00 = \$_____ week

PLEASE NOTE: 8:40 AM SESSION IS 40 MINUTES AND OFFERED MONDAY, TUESDAY, THURSDAY AND FRIDAY

### PM Freestyle Option Plan

PLEASE CHECK THE SESSION(S) YOU WILL BE ATTENDING

<input type="checkbox"/> TUESDAY @ 5:40 – 6:40 PM	DATES: 6/29, 7/6, 13, 20, 27, 8/3, 10, 17, 24, 31	10 SESSIONS = \$165
<input type="checkbox"/> THURSDAY @ 5:40 – 6:40 PM	DATES: 7/1, 8, 15, 22, 29, 8/5, 12, 19, 26, 9/2	10 SESSIONS = \$165

### Punch Cards

AM – 1 HOUR SESSIONS	<input type="checkbox"/> 10 Sessions @ \$165	<input type="checkbox"/> 20 Sessions @ \$300
AM – 40 MINUTE SESSIONS	<input type="checkbox"/> 10 Sessions @ \$110	<input type="checkbox"/> 20 Sessions @ \$200
PM – 1 HOUR SESSIONS	<input type="checkbox"/> 10 Sessions @ \$180	

### Guesting

AM – 1 HOUR FREESTYLE SESSIONS (5:30 AM / 6:30 AM / 7:30 AM)	= \$18 PER SESSION
AM – 40 MINUTE FREESTYLE SESSIONS (8:40 AM)	= \$12 PER SESSION
AM – 40 MINUTE WEDNESDAY TSP CLINICS & SILVER CLASSES (8:40 AM—9:20 AM)	= \$160 (8 WEEKS*)
PM – 1 HOUR FREESTYLE SESSIONS (TUES 5:40 PM / THURS 5:40 PM)	= \$20 PER SESSION

\*WEDNESDAY TSP CLINICS & SILVER CLASSES ARE 6/30 – 8/25 ( 8 WEEKS PLUS 1 BONUS WEEK)

PAYMENT WORK SHEET

A non-refundable deposit of \$100.00 must accompany this application.

**PAYMENT IN FULL IS DUE JUNE 14, 2010**

Enrollment total = \$ \_\_\_\_\_ - Deposit \_\_\_\_\_ Total Due June 15<sup>th</sup> : \$ \_\_\_\_\_

**MY CHILD OR MYSELF I AGREE AND UNDERSTAND THE FOLLOWING:**

**A non-refundable deposit of \$100.00** is required at the time of sign up. Deposits and payments are not transferable to any other skater. Anyone signing up after the final payment date is expected to pay in full at the time of sign up.

**Balance of tuition is due June 14, 2010.** The Rinx reserves the right to nullify this agreement or charge the higher rate if full payment is not received by June 14, 2010. Any enrollee who wishes to change their session(s) can only be done on the basis of availability.

In the event you are absent more than 5 consecutive days due to medical reasons documented by a physician, an alternate week will be offered for the 2010 season (if available). If a week is not available, a credit will be issued for the 2011 season. There will be **NO** make up days for missed days due to illness, family matters, homesickness, or injury.

Refunds will be granted until June 25, 2010. All refund requests **MUST** be made in writing.

**The Rinx reserves the right to cancel a skater's registration due to behavior deemed inappropriate by the Director.**

It is my understanding that the Summer Freestyle Program is unsupervised. Skaters are responsible for themselves and their equipment. Each skater and parent is responsible to read and observe proper freestyle etiquette as set forth in our freestyle guidelines.

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Parents or Skaters Signature

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Date

**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in HPP RINX. d/b/a The Rinx athletic/ sports events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE TOWN OF ISLIP AND HPP RINX.**, their officers, officials, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"). **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I/ WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS AND UNDERSTAND THAT I/ WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

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Parents or Skaters Signature

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Date