



Diamond Edge Figure Skating Club  
 P. O. Box 204  
 Willmar, MN 56201

Class Registration Form

2010 Summer Ice Sessions  
 JUNE 14-18 & JUNE 21-23

Please find your current level in the area below. Lesson descriptions/times and days of the week are indicated for each week. You may choose to participate in either one of the weeks or both weeks.

LESSON PACKAGES

**A. SS1-SS3 CLASS 4:45-5:05 OPEN SKATING 5:05-5:25 Monday, Wednesday & Friday**

FEE: \$30.00 week 1, \$20.00 week 2 or \$40.00 for both weeks

**B. B2-B6 CIRCUIT CLASS 4:45-6:00 Monday, Wednesday & Friday**

INCLUDES 15 min each of stroking, small group class, jumps&spins, edging & practice ice

FEE: \$50.00 week 1, \$30.00 week 2 or \$70.00 both weeks

**C. B7-F2 CLASS 6:00-7:15 Monday, Wednesday & Friday**

STROKING(Power Ice) 6:00-6:15 Monday, Wednesday & Friday  
 JUMPS & SPINS(Group class) 6:15:6:35 Monday, Wednesday & Friday  
 SMALL GROUP CLASS 6:35-6:55 Monday, Wednesday & Friday  
 PRACTICE ICE 6:55-7:15 Monday, Wednesday & Friday

FEE: \$50.00 week 1, \$30.00 week 2 or \$70.00 for both weeks

**D. F3-F6+ PRIVATE LESSONS – 15 minutes 1 each week POWER ICE 6:00-6:15 – Tuesdays, Thursdays only**

STROKING – 6:00-6:15 – Monday, Wed, Fri  
 JUMPS & SPINS (Group class) 6:15:6:35 Monday, Wednesday & Fri  
 OPEN SKATING 6:35-7:15 Daily – Monday thru Friday  
 OPEN SKATING 4:45-6:00 & 6:15-7:15 Tuesdays & Thursdays

FEE: \$65.00 week 1, \$35 week 2 or \$90.00 for both weeks

WEEK 1 - JUNE 14<sup>th</sup>-18<sup>th</sup>

	M	T	W	Th	F
4:45-5:25	SS1-SS3	F3-F6+	SS1-SS3	F3-F6+	SS1-SS3
4:45-6:00	B2-B6	F3-F6+	B2-B6	F3-F6+	B2-B6
6:00-6:15	B7-F6+	F3-F6+	B7-F6+	F3-F6+	B7-F6+
6:15-6:35	B7-F6+	F3-F6+	B7-F6+	F3-F6+	B7-F6+
6:35-6:55	B7-F2 F3-F6	F3-F6+	B7-F2 F3-F6+	F3-F6+	B7-F2 F3-F6+
6:55-7:15	B7-F2 F3-F6	F3-F6+	B7-F2 F3-F6+	F3-F6+	B7-F2 F3-F6+

WEEK 2 - June 21<sup>st</sup>-23<sup>rd</sup>

	M	T	W
4:45-5:25	SS1-SS3	F3-F6+	SS1-SS3
4:45-6:00	B2-B6	F3-F6+	B2-B6
6:00-6:15	B7-F6+	F3-F6+	B7-F6+
6:15-6:35	B7-F6+	F3-F6+	B7-F6+
6:35-6:55	B7-F2 F3-F6+	F3-F6+	B7-F2 F3-F6+
6:55-7:15	B7-F2 F3-F6+	F3-F6+	B7-F2 F3-F6+

Please indicate below the students and classes they will be attending.

	Skater Name	Indicate Lesson Pkg A,B,C or D	Week 1 or 2 or both	Level	Fee
Skater 1 Name:					
Skater 2 Name:					
Skater 3 Name:					
Parent(s) Name:					
Address:					
Phone:		Email:		USFSA #:	

*If your child is a first time skater and is not able to stand on the ice on their own, you may be asked to assist until they become more independent.  
If your child is unsteady or uneasy it is recommended to wear a helmet and other protective gear.*

Class Fee for Skater 1	\$ _____
Class Fee for Skater 2	\$ _____
Class Fee for Skater 3	\$ _____
An extra fee of \$10.00 for each skater that is not a current member of DEFSC.	\$ _____
<b>TOTAL:</b>	\$ _____

**Release of Liability (Read Before Signing)**

In consideration of being allowed to participate in any way in the programs of the Diamond Edge Figure Skating Club (hereafter 'Releasees'), their related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in programs of the Releasees may be significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this 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 or their agents, assigns, representatives, or employees, and assume full responsibility for my participation; and
3. I will 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 Releasees immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, THE DIAMOND EDGE FIGURE SKATING CLUB, their officers, officials, agents, volunteers, other participants, sponsoring agencies advertisers, and if applicable, owners of premises used for the activity WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. UNDERSTAND AND AGREE WITH THE ABOVE STATED GUIDELINES.**

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under the age of 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**Consent for Medical Attention or Treatment**

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Diamond Edge Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Diamond Edge Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. This Consent for Medical Attention or Treatment shall be binding and effective with Diamond Edge Figure Skating Club.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed