

“Figure Skaters Floor & On Ice Tech Class”



“Experience the importance of training exercises and skills needed both on and off ice. Promoting a skater’s strength, flexibility, body alignment & presentation”

Instructor: Barbara A. Fitzgerald

USFS, CFSA ISU Triple Gold Medalist, PSA Master Rated Coach, Skaters Floor/Tech Class Coach and Ballet Instructor for over 30 years

**Thursdays, for two, 7 week sessions
March 4 & 11 is off ice from 4 - 5pm
The rest of the Thursdays will be
Off ice 4-4:35 followed by 4:40-5:40 on ice**

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- Session 1: \$140 for 7 weeks
March 4 & 11 off ice at 4pm, March 18-April 15 on and off ice 4-5:40pm**
 - Session 2: \$155 for 7 weeks
March 22 – June 3 on and off ice from 4pm-5:40**

NAME _____

DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____

STATE/ ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____

FIGURE SKATING LEVEL _____

EMAIL ADDRESS _____

Checks made payable to The Pond: 9999 E. Washington St., Auburn Twp., OH 44023

VISA or MC# _____ exp. _____ Amount \$ _____

In consideration of being allowed to participate in any skating/sports programs and related events at The Pond, the undersigned acknowledges, appreciates and agrees that: The risk of injury from the activities involved in these programs 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. I knowingly and freely assume all such risks, both hazard to the attention of the earnest official immediately. I, for myself, and on behalf of my heirs, assigns, personal representatives and next-of-kin, hereby known and unknown, even if arising from the negligence of the releases (as defined below) or others, and assume full responsibility for my participation. I willingly agree to comply with any rules and regulations of the facility. If, however, I observe any unusual significant hazard in participation, I will bring such release and hold harmless The Pond and their managers, officers, employees and advertisers (collectively “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 releases or otherwise. I have read the release of liability and assumption of risk agreement, fully understand its terms and understand that I have given up substantial rights by signing it freely and voluntarily without any inducement.

PARTICIPANT/PARENT'S SIGNATURE Date: _____
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