



2010 Summer Ice at Sports Plus

MAY						
S	M	T	W	T	F	S
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JULY						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Schedules can be crazy in the summer, so you select the number of hours you would like to skate this summer! For maximum flexibility, your prepaid skating hours can be used on any FSCC Summer Ice session.

Summer Ice is \$10/hour when purchased in advance (min. 5 hours). You may skate for 1 or 1.5 hours per session (**minimum 1 hr per session**). Walk-ons will be permitted **as space allows**. Current USFS members who are not FSCC members may purchase a temporary summer membership for just \$15 (this fee will be credited to your full membership if you choose to join).

All sessions will be **general skate** (freestyle, dance, and moves permitted). Please ask for a copy of the club's ice priority rules if you are not already familiar with them.

Summer Ice Rates:

	Prepaid package (5 or more hours)	Walk-on (as space allows)
General skate	\$10/hr x _____ = _____	\$12/hr

FSCC Summer Membership \$15/person
(required for insurance purposes **ONLY** if you are not already an FSCC member)

TOTAL ENCLOSED \$_____.00
Please make checks payable to "FSCC"

Name _____

Phone _____

E-mail _____

Mail to: FSCC Summer Ice
c/o Heather Bradbury
3777 Neidich Ln
Goshen, Oh 45122

Sundays 3:15-4:45 PM (MAY)
4:00-5:30 PM
Wednesdays 6:30-8:00PM
*no ice July 4th



2010 Summer Ice at Sports Plus

Figure Skating Club of Cincinnati (FSCC)

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (“Agreement”)

In consideration of participating in Figure Skating Club of Cincinnati (FSCC) activities, I represent that I understand the nature of figure skating activities (“activity”) and that I am qualified, in good health and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity”.

I fully understand that this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the “activity”.

I hereby release, discharge, and covenant not to sue FSCC, United States Figure Skating, its directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the “activity” takes place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

FSCC has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that FSCC shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Date _____

Printed Name of Participant

Signature of Participant

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

Date _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Figure Skating Club of Cincinnati
EMERGENCY MEDICAL AUTHORIZATION FORM

Skater's Name _____
Last *First* *MI*

Address _____

City, State, ZIP _____

Home Phone _____ Date of Birth: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder's Name: _____ Policy #: _____

Medical Information

Doctor _____ Phone: _____

Dentist _____ Phone: _____

Medical Specialist _____ Phone: _____

Preferred Hospital _____ Emergency Room phone: _____

Facts concerning the skater's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Primary Emergency Contact - Parent/Guardian/Spouse (if applicable)

Name _____ Relationship _____

Phone _____ Cell/Pager _____

Alternate Emergency Contact

Name _____ Relationship _____

Phone _____ Cell/Pager _____

PART I OR II (not both) MUST BE COMPLETED

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:
1) the administration of any treatment deemed necessary by a licensed physician or dentist; and
2) the transfer of myself/my child to any hospital reasonably accessible.
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Skater (or Parent/Guardian if under 18)

Date

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of myself/my child. In the event of illness or injury requiring emergency treatment, I wish the responders to take the following action:

Signature of Skater (or Parent/Guardian if under 18)

Date