



Skating School Classes

SPECIALTY CLASSES

Semester 2 March 3RD-April 25th

NAME: _____ DOB: _____ PARENT NAME: _____

EMAIL: _____ PHONE: _____
(PLEASE WRITE CLEARLY)

EARLY BIRD \$155 FAST TRACK \$325, EARLY B. \$300 FULL 8 WEEKS \$170 HALF PASS \$85
DROP IN \$22/SESSION EARL BIRD ENDS FEB. 29TH

USFS PROGRAMS

USFS# _____

These classes are open to Vacaville Ice Sports (VIS) skaters who are members of USFS (United States Figure Skating), classes are taught by VIS staff who have become GOLD medalists in their respective field or have skated or coached national competitors!

TUESDAY 6:00PM-6:30PM INTRO TO DANCE SPINS AND JUMPS

THURSDAY 6:00PM-6:30PM ARTISTRY ON ICE

SATURDAY 10:45AM-11:15AM MOVES IN THE FIELD

OTHER SPECIALTY CLASSES

ADULT SKILLS & TEEN THURSDAY 6:30PM-7:30PM

ADULT SKILLS & SYNCHRO SATURDAY 9:00-10:00

INTRO TO POWER THURSDAY 7:00PM-7:30PM

HOME SCHOOL WEDNESDAY 1:00PM-2:00PM SCHOOL NAME _____

SPECIAL NEEDS THURSDAY 5:30PM-6:30PM \$65- 8 CLASS PUNCH CARD

In consideration of being allowed to participate in any skating/sports program and related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in these programs is significant, including the potential for permanent paralysis and death. While particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases (as defined below) or others and assume full responsibility for my participation.
3. 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 hazard to the attention of the nearest official immediately.
4. I, myself and on the behalf of my heirs, assigns, personal representatives and next-of-kin, hereby release and hold harmless all members of the **Vacaville Ice Sports** and anyone associated with **Vacaville Ice Sports**.
5. I understand that each participant may be captured in pictures and videos that may be used for program/facility advertising.
6. I understand that Vacaville Ice Sports and it's representatives have the right to discharge me from the premises at any time .

I have read this 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.

NO REFUNDS

Parent Signature: _____ Date: _____

Contact Skating Director, Chris Kinser for further information
707-455-0225 ext 207 • vacavilleskate@iceoplex.com

551 Davis Street • Vacaville, CA • 95688-4632 www.vacavilleicesport.com