



ACADEMY MEMBERSHIP CONTRACT

Skater's Name: _____ DOB: _____ / _____ / _____

Address: _____ City: _____

ZIP Code: _____ E-Mail: _____

Parent /Guardian Name: _____ Phone: (_____) _____ - _____

How did you hear about us? _____

Membership Terms and Conditions

____ **Membership ID Card, Public Session Privileges, & Skate Rental (Skating Academy & Hockey/Goalie Academy):** Students are required to check in with their Membership ID card at the Box Office before every event. A \$1.00 fee will be assessed for replacement ID cards. Public session privileges are non-transferrable and may only be used by the registered student. There will be a \$3.00 fee for skate rental on days when the student does not have class; there are no charges for skate rental on days when the student has class.

____ **Missed Lessons:** Students may only attend the class in which they are registered. There are no make-ups or reimbursements for missed lessons. If a student will be missing lessons due to injury or medical condition, a doctor's note will be required for make-ups, reimbursement, and/or credit. Should the member need to place their account on hold for any reason other than injury or medical necessity, a hold will be permitted for a minimum of 30 days and a maximum of 90 days. A \$25.00 account hold fee will be assessed at the time of the request.

____ **Cancellations:** This membership may be cancelled with a written notice delivered to the Box Office in person. All cancellation requests require a minimum of 30 days notice and must be turned in on the 1st of the month to take effect the following month. Monthly dues are based on an average 48 events throughout the year with four weeks taken off for breaks and holidays. In the month of December, there are two events; however, there are months in the year that have five events. For this reason, memberships may not be cancelled in the month of December. Monthly dues remain the same regardless of the number of events in that month; no additional charges are made when an additional event occurs within a month.

____ **Learn to Skate USA Membership Fee (Skating Academy Only):** All students enrolled in Skating Academy (with the exception of those taking a hockey class) must have a valid US Figure Skating Association Learn to Skate USA membership. Students will be required to register directly with the US Figure Skating Association and will need to present confirmation of their membership upon registration and prior to the first class attended. Prices vary based on age. Memberships must be renewed annually. Please see www.learnatoskateusa.com for registration and details. Students without a valid Learn to Skate USA membership will not be permitted to attend class, no exceptions.

____ **USA Hockey Membership Fee (Hockey/Goalie Academy & Hockey Fundamentals Classes Only):** All students enrolled in Hockey/Goalie Academy or taking a hockey class in the Skating Academy must have a valid USA Hockey membership. Students will be required to register directly with USA Hockey and will need to present confirmation of their membership upon registration and prior to the first class attended. Prices vary based on age and location. Memberships must be renewed annually. Please see www.usahockeyregistration.com for registration and details. Students without a valid USA Hockey membership will not be permitted to attend class, no exceptions.

____ **Payments:** Members are given two options for payments. Both options require that a credit or debit card be left on file for billing.

Option 1) EFT (Electronic Funds Transfer) on the 1st: The monthly payment will be deducted from the credit or debit card provided on the 1st of the month. If the transaction is declined, a \$25.00 service fee will apply. The Member will have until the 5th of the month to make a payment (including the service fee); if no payment is made by the 5th, the account will be suspended and the Member will not be allowed to check in for classes or public sessions until the payment is made.

Option 2) Monthly by the 20th: The Member must pay in person at the Box Office on or before the 20th of the prior month. If no payment has been received by the 20th, the credit or debit card provided will be charged the monthly fee plus a \$25.00 service fee. If the transaction is declined, the Member will have until the 1st of the following month to make a payment (including the service fee); if not payment is made by the 1st, the account will be suspended and the Member will not be allowed to check in for classes or public sessions until the payment is made.

Members are responsible for notifying their bank of any error that appears on their bank or credit card statement in a timely manner. Members must notify IceTown within 60 days of a claimed EFT error on their bank or credit card statement. If a member claims that their EFT was not ended after a cancellation request, written proof of cancellation request is required for reimbursement. If a member's EFT ends for any reason, the membership may be immediately suspended at IceTown's election without notice.

____ **Advertising Material:** ICETOWN, Inc. has the right to use, for advertising and promotional material, all photographs and or videos taken of myself and my child at the IceTown facility.

I have read and agree to the terms and conditions of this agreement.

Signature: _____ **Date:** _____ / _____ / _____

Print Name: _____ **Relationship to skater:** _____



Academy Billing Contract

Check One: Skating Academy Hockey Academy Goalie Academy

Name: _____

Skating Academy Monthly Fee:

- Bronze Package** (1 class/week): **\$69.00**
- Silver Package** (2 classes/week): **\$99.00**
- Gold Package** (3 classes/week): **\$129.00**
Add additional classes for only \$30 per month each!
- _____ classes/week: \$ _____
- Mommy/Daddy & Me** (one parent): **\$99.00**
- Mommy/Daddy & Me** (two parents): **\$129.00**

Class Information:

1. Class: _____
Day: _____ Time: _____
2. Class: _____
Day: _____ Time: _____
3. Class: _____
Day: _____ Time: _____
4. Class: _____
Day: _____ Time: _____
5. Class: _____
Day: _____ Time: _____

Hockey/Goalie Academy Monthly Fee:

- Hockey/Goalie Academy: **\$99.00**
Add a Hockey Fundamentals class for only \$30 per month!
- + 1 Fundamentals class: **\$129.00**
- + _____ Fundamentals classes: \$ _____

Payment Contract

(Choose one of the following billing options)

Credit/Debit Card

- Visa MasterCard Amex Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ / _____

CCV: _____

- Option 1: EFT on the 1st** **Option 2: Monthly by the 20th**

I authorize ICETOWN to charge the billing method supplied above for the following amount:

\$ _____

on the 1st of the month for Option 1 or on after the 20th of the month for Option 2 if a payment has not been received. I acknowledge that I am responsible for all service fees if my payment method is declined or cannot be charged.

Signature: _____ **Date:** _____ / _____ / _____

Print Name: _____ **Relation to Skater:** _____

Office Use Only:

- Activation Fee: \$ _____ Multi-Family Discount (5%)



Concussion Protocol Parent/Guardian Acknowledgement Form

Athlete Name: _____

Program: _____ Skating Level: _____

1. I understand that Ictown Riverside has adopted concussion-related education, awareness and protocol into their policies and procedures.
2. I understand the following guidelines and protocol exist, and will respect them if they must be instituted with the above-named athlete:
 - a. An athlete who is suspected of sustaining a concussion or head injury shall be immediately removed from participation for the remainder of the day. Removal can be at the request of a Coach, Skating Director, parent/guardian, or the athlete.
 - b. Athlete shall not be permitted to return to participation until he/she is evaluated and released by a medical professional trained in the management of concussions with one of the following medical license designations: MD, DO, Neurologist, Neuropsychologist.
 - c. The athlete shall not be permitted to return to participation until he or she provides the approved and completed Concussion Release form to its member program (Box Office).
3. Should it be determined that above-named athlete needs to be removed from participation, I/we understand that the protocol outlined herein must and will be followed for the safety of the athlete.
4. I/we understand that if a suspected concussion has occurred and protocol has been enacted for the above-named athlete, there is no review period or negotiation as to the course of action and return to participation outside of the recommendations of the evaluating medical professional who has been selected to treat the athlete.
5. I/we understand that if I/we suspect the above-named athlete has experienced a concussion or exhibits behavior that suggests concussion-like symptoms, I/we have the authority to remove the athlete from participation and begin the concussion protocol with a medical professional of my/our selection who meets the criteria of an acceptable evaluator.

By the signature/s below, I/we acknowledge responsibility for the above-named athlete in the current programs, and agree to all the Information stated herein.

Athlete Signature: _____

Date: _____

Parent/ Guardian Signature: _____

Date: _____