

WICHITA ICE CENTER SKATING ACADEMY WINTER ICE FEBRUARY 1-28, 2010

**Your contract must be turned in by FEB 3rd to receive the contract rate, otherwise, the drop in fees will be charged for every session **

SKATER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HIGHEST TEST LEVEL PASSED: _____ COACH(ES) NAME: _____ EMAIL ADDRESS: _____

PLEASE MAKE NOTE:

** Dance & Moves are not allowed on any Freestyle sessions (except at Skating Director's discretion) **

** Freestyle, Dance, moves and private lessons will continue to be restricted from Public Sessions (for those skaters at the Basic 4 level and higher) **

General Freestyle Sessions (1/2 hr.)
total #: _____ x \$4.50 each = \$ _____

Freestyle, General FS Sessions (3/4 hr)
total #: _____ x \$7.00 each = \$ _____

FS & General FS, Adult FS Sessions (1 hr.)
total #: _____ x \$8.00 each = \$ _____

Ballet Off Ice Class (1/2 hr.)
total #: _____ x \$7.00 each = \$ _____
Includes Instructor fee

Power Stroking Class (1/2 hr.)
total #: _____ x \$7.00 each = \$ _____
Includes Instructor fee

Ice Dance Sessions (1 hr.)
total #: _____ x \$8.00 each = \$ _____

Cond., Strength/stretch & Jumps Off Ice Class (1 hr.)
total #: _____ x \$10.00 each = \$ _____
** Includes instructor fee **

Off ice Conditioning OFF ICE (1/2 hr)
total #: _____ x \$7.00 each = \$ _____
** Includes instructor Fee **

Jumps/Style Off Ice Class (1/2 hr.)
total #: _____ x \$7.00 each = \$ _____
Includes Instructor fee

Jr.Synchro (1/2 hr)
total #: _____ x \$7.00 each = \$ _____
** Includes instructor fee **

Synchronized Team Sessions (3/4 HR)
total #: _____ x \$8.00 each = \$ _____
** Does not include instructor fee **

Synchronized Team Sessions (1 HR)
total #: _____ x \$10.00 each = \$ _____
** Does not include instructor fee **

Power Stroking Class (15 minutes)
total #: _____ x \$3.50 each = \$ _____
** Includes instructor fee **

DROP IN RATES PER SESSION ARE \$3.00 MORE THAN CONTRACT RATE
**will be charged if contract is not in by due date

TOTAL AMOUNT DUE FOR THE FEBRUARY 1-28, 2010 WINTER ICE CONTRACT = \$ _____

***If you contracted 17 or more sessions a week, per child (less 10%) = - _____*

FINAL AMOUNT DUE FOR FEBRUARY 1-28, 2010 WINTER ICE CONTRACT = \$ _____

Method of Payment: VISA AMEX MC DISCOVER CHECK CASH

Account #: _____ **Exp. Date:** _____ / _____

The skater and parents assumes all risk of personal injury and/or loss which may result from participation in all activities of The Wichita Ice Center. The skater and parents will not hold the City of Wichita, Wichita Ice Center, RMSC, LTS Instructors, Coaches, Owners, Sponsors, Agents or Employees liable for injury or loss which the skater may sustain while participating in any activity of the facility. All programs are non-refundable after the initiation of the first session

Signature of Skater or Parent (if child is under 18) _____ **Date:** _____

No Contracts will be accepted without the calendar filled out and attached to this contract sheet indicating the specific sessions and days you are purchasing.

Sessions may be cancelled due to low enrollment/contract numbers at the discretion of the Wichita Ice Center at any time.