

The SKATING CLUB of BOSTON – Marlborough
At the New England Sports Center

2009 SPRING SESSION APPLICATION

March 21 – June 19, 2009

Dear Skaters, Parents and Coaches,

We would like to invite you to join us at the New England Sports Center in Spring 2009! Starting on March 21st, The Skating Club of Boston will expand its operation to include ice time at the New England Sports Center (NESC) in Marlborough, Massachusetts. Sessions will be open to both members and non-members of The Skating Club of Boston.

Our immediate goal is to build a quality figure skating presence at the NESC by utilizing their excellent facility to offer affordable ice at convenient times. Longer term, we look forward to establishing additional programs and events in Marlborough.

Regards,

The Skating Club of Boston

Application Notes and Procedures

- Sessions are open to members of SCoB and NEFSC and to non-members.
- Applications not submitted by the priority deadline of **March 5, 2009** will be processed, as they arrive, on a space-available basis.
- Applications without the signature of the applicant (or, for minority-age applicants, that of a parent or guardian) will not be processed and will be returned.
- Pair teams must submit separate applications and clearly indicate which sessions they wish to contract for the purpose of skating as a pair.
- Please note that:
 - No refunds of deposits will be made after March 5, 2009.
 - Resale of ice time is prohibited.
 - No cancellation of requested ice times will be considered after the priority deadline.
 - The Ice Committee reserves the right to cancel or modify any session.
 - Same-day switches from one session to another are permitted if space is available.
- **All applications must include a deposit of at least 50%, payable by cash, check (to 'The Skating Club of Boston'), MasterCard, Visa or Discover.**
- **The balance due must be paid in full by April 20th, 2009.**
- The contracted rate for a 50-minute Free Skating session will be \$10 (prior to March 5th, \$12 thereafter). The walk-on rate will be \$15 or \$14.50 for members.

Return application and deposit to:

Call the SCoB Office at
617.782.5900 for more information.

The Skating Club of Boston
Attn: Ice Committee – NESC Spring
1240 Soldiers Field Road
Brighton, MA 02135

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2009 SPRING SESSION SCHEDULE
March 21 – June 19, 2009

Monday	Tuesday	Wednesday	Thursday	Friday
12:50 – 1:40 p.m.	12:50 – 1:40 p.m.	12:50 – 1:40 p.m.	12:50 – 1:40 p.m.	12:50 – 1:40 p.m.
1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	1:50 – 2:40 p.m.	1:50 – 2:40 p.m.
2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	2:50 – 3:50 p.m.	2:50 – 3:50 p.m.
4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	4:00 – 4:50 p.m.	4:00 – 4:50 p.m.
5:00 – 5:50 p.m.	5:00 – 5:50 p.m.	5:00 – 5:50 p.m.	5:00 – 5:50 p.m.	5:00 – 5:50 p.m.

2009 SPRING SESSION APPLICATION (part one)

Name: _____

Highest U.S. Figure Skating Tests Passed:

 Free Moves Dance Pairs

Phone Number: _____ . _____ . _____ Applicant's Coach: _____

Please circle one: SCoB Member NEFSC Member Non-Member

Time	Session	M	Tu	W	Th	F	Sessions per Week	Number of Weeks	Total Sessions	Cost (Prior to 3/5/2009)	Cost (After 3/5/2009)	Total Cost	
12:50 - 1:40	Free Skating						x	13	=	x	\$10.00	\$12.00	x \$
1:50 - 2:40	Free Skating						x	13	x	x	\$10.00	\$12.00	x \$
2:50 - 3:50	Free Skating						x	13	x	x	\$11.00	\$13.00	x \$
4:00 - 4:50	Free Skating						x	13	x	x	\$10.00	\$12.00	x \$
5:00 - 5:50	Free Skating						x	13	x	x	\$10.00	\$12.00	x \$

Total Amount Due: \$ _____ Amt. of Deposit (min: 50%): \$ _____ Balance (due by 4/20): \$ _____

Credit Card Type: **MC VS D** Card Number: _____ Expiration Date: _____ / _____

Cardholder's Name: _____

*** Please note that there will be no ice at NESC on Friday, March 27th.**
(Paid contracted sessions will be credited to the participant's account.)

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2009 SPRING SESSION APPLICATION (part two)

_____	____/____/____	_____	
Skater's Name	Date of Birth	Telephone Number	
_____		_____	
U.S. Figure Skating Member #		Home Club	
_____	_____	_____	_____
Street Address	City	State	ZIP
_____	_____	_____	_____
Parent or Guardian	Emergency Phone #	SCoB Member?	NEFSC Member?
_____	_____	_____	
Health Care Provider	Health Care Provider Phone #	Health Care Member / ID #	

Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any skating or related activities at The Skating Club of Boston or elsewhere sponsored by The Skating Club of Boston, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releases** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless The Skating Club of Boston**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners or property, **whether arising from the negligence of the releases or otherwise**.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

_____/_____/_____
Participant's Signature Date Signed

For Participants of Minority Age
(under the age of 18 at the time of registration)

This certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, with my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **even if arising from their negligence**.

_____/_____/_____
Participant's Signature Date Signed

Emergency Phone Number