



# 2010 Pleasant Prairie Skating Academy

Please complete all appropriate sections, sign, and mail or drop off this form to:  
 RecPlex Ice Arena, 9900 Terwall Terrace, Pleasant Prairie, WI 53158  
 Make all checks payable to the Village of Pleasant Prairie.

## Personal Information:

Skater's Name: \_\_\_\_\_ RecPlex Member #: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_ (Cell): \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Birth date: \_\_\_\_\_ Email: \_\_\_\_\_  
 Highest USFS Test Passed – MIF: \_\_\_\_\_ Freestyle: \_\_\_\_\_ Pairs: \_\_\_\_\_ Dance: \_\_\_\_\_  
 US Figure Skating Club Name: \_\_\_\_\_ Coach's Name(s): \_\_\_\_\_

## Attendance:

- The Skating Academy maximum is 15 students per day (subject to management approval). Register early to guarantee entry.
- Weekly and daily registration students take precedence over walk-on.

<i>Please circle desired weeks and days of attendance below</i>				
Week 1 (6/14-6/17) M T W R	Week 2 (6/21-6/24) M T W R	Week 3 (6/28- 7/1) M T W R	Week 4 (7/5-7/ 8) M T W R	Week 5 (7/12-7/15) M T W R
Week 6 (7/19-7/22) M T W R	Week 7 (7/26-7/29) M T W R	8/2 – 8/6 No Academy	Week 8 (8/9-8/12) M T W R	Week 9 (8/16-8/19) M T W R

## Registration Information:

<i>Full Program – 9 Weeks</i>	<i>Registration Date</i>	<i>RecPlex Member</i>	<i>RecPlex Non-Member</i>
Early Registration	Before May 31, 2010	\$2500	\$3000
Registration	After May 31, 2010	\$2560	\$3060
<i>Weekly Package</i>	<i>Date</i>	<i>Member</i>	<i>Non-member</i>
Early Registration	Before May 31, 2010	\$289	\$349
Registration	After May 31, 2010	\$320	\$379
<i>Full Day (Daily) Package</i>	<i>Date</i>	<i>Member</i>	<i>Non-member</i>
Early Registration	Before May 31, 2010	\$80	\$92
Registration	After May 31, 2010	\$89	\$102
<i>Half Day: AM Only</i>	<i>Date</i>	<i>Member</i>	<i>Non-Member</i>
<i>7:45-11:45am</i>	Before May 31, 2010	\$40	\$46
	After May 31, 2010	\$45	\$51
<i>Half Day: PM Only</i>	<i>Date</i>	<i>Member</i>	<i>Non-Member</i>
<i>12:45-5:15pm</i>	Before May 31, 2010	\$60	\$70
	After May 31, 2010	\$66	\$76
<i>Walk-on Rate</i>	<i>Date</i>	<i>Member</i>	<i>Non-Member</i>
On-Ice Class	After June 12, 2010	\$14	\$15
Off-Ice Class (30 min.)	After June 12, 2010	\$4	\$6
Off-Ice Class (45 min.)	After June 12, 2010	\$6	\$8
Off-Ice Class (60 min.)	After June 12, 2010	\$8	\$11
Freestyle Ice (60 min.)	After June 12, 2010	\$10	\$11

A deposit of 50% of ALL fees must accompany the application with the balance due two weeks prior to the start of the planned week of attendance. If balance not paid two weeks prior, a \$25 late fee will be charged. 25% of the initial deposit will be forfeited for all cancellations prior to the start of a given camp week. Individuals who cancel after the start of a camp week will forfeit their entire deposit for the given week.

# Pleasant Prairie Skating Academy Waiver & Emergency Treatment Release Form

## Authorized Pick-Up

Please do not be offended if we ask for identification from you or others who pick-up your child.  
This is for the safety of all children in the skating academy.

### The following are authorized to pick-up my child:

Name	Relationship	Daytime Phone #:

### The following are NOT authorized to pick-up my child:

Name	Relationship	Daytime Phone #:

## Emergency Treatment Form

I, \_\_\_\_\_, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment (parents are responsible for all medical expenses incurred), which in his or her judgment may be deemed necessary in the care of:

Skaters Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications (if applicable please request medication form) \_\_\_\_\_

Outstanding Medical History \_\_\_\_\_

Insurance Company \_\_\_\_\_ Membership Number \_\_\_\_\_

Parent or Guardian's Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

## Release and Indemnification

**Publicity:** Periodically photographs and videos are taken of the Skating Academy participants. They are used for newspaper stories, educational purposes or for RecPlex/Ice Arena publications. I hereby grant permission to RecPlex/Ice Arena to use any/all photos or video taken at such times. \_\_\_\_\_ (initial)

**Liability:** I do hereby agree to hold free from any and all liability the Village of Pleasant Prairie including RecPlex and Ice Arena and its officers, employees and administrators, waive, release or forever discharge any and all rights and claims for damages which I may have or which I may accrue to me arising out of or connected with my child's participation in any of the activities. \_\_\_\_\_ (initial)

**Permissions:** If my child is transported via our Rescue Squad, please circle the hospital you would want to be transported to:

**St. Catherine's Hospital** (nearest to RecPlex/Ice Arena)

**Aurora Medical Center**

**Kenosha Hospital**

I attest that the health information given is complete and correct and the child has permission to participate at his/her own risk in Skating Academy activities unless notified. I attest that my child's immunizations are current and comply with today's standards. I declare my child to be physically sound, having medical approval to participate in the activities of the Skating Academy. This release form is completed and signed of my own free will and with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I acknowledge that I am releasing my child/ward into the care of the RecPlex/Ice Arena and that the information above will be used to provide the best possible care for him/her. I also acknowledge that the Ice Arena and Skating Academy coaches/staff will make the best choice in terms of care for my child in my place. I also acknowledge that the coaches/staff will encourage my child to reach his/her fullest potential while attending the Skating Academy. I do acknowledge that RecPlex/Ice Arena reserves the right to terminate enrollment if my child's behavior warrants dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_