



Rim of the World Figure Skating Club

Presents

'Competitive Edge' Clinics



Program Information: Intended for competitive skaters of all skill levels. These are one hour clinics guided by USFSA Gold certified coaches with National and International experience. Sessions consist of 20 minutes of advanced stroking and two 20 minute competitive skills sessions focused on maximizing competition point scoring. Ice time and coaching are included in the price. There will be a maximum of 20 skaters allowed. Drop ons will be allowed only if slots are available.

Fees:
Introductory rate (4 sessions)
Home club members \$100
2nd club members \$110
Non-members \$120

Drop on rate \$ 30

Day/Time: Wednesday evenings - 5:15pm to 6:15pm
March 10, 17, 24 and 31

(Please Print)

Participant Name: _____ Comp. Level: _____ Age: _____
Address: _____ City: _____ Zip: _____
Email: _____ Phone (H): _____ (C): _____
Emergency Contact: _____ Phone (H): _____ (C): _____

Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy Release & Indemnification: I hereby, recognize and acknowledge my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for my- self, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Rim of the World Figure Skating Club and Center Ice Arena and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Rim of the World Figure Skating Club and Center Ice Arena, that may result from my child's participation in these clinics. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation. Refund Policy: All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first clinic of the session. Emergency Treatment: I hereby authorize Rim of the World Figure Skating Club and Center Ice Arena staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment. Equal Opportunity: Rim of the World Figure Skating Club provides equal opportunity to participate regardless of race, creed, or gender, and will, upon request, provide reasonable accommodations to individuals with disabilities. By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosures, and that I agree to its terms.

Parent/Guardian Signature: _____ Date: _____
For ROWFSC Use Only: Session: _____ Amount: _____ Receipt: _____ Date: _____ By: _____



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'Competitive Edge' Clinic Questionnaire

Skater Name: _____ Comp. Level: _____ Age: _____

Primary Coach: _____ Lessons per week: _____

What are your long term skating goals: _____

What are your goals for the current season: _____

What do you hope to achieve with these clinics: _____

What is your typical training schedule (per week): _____
