

**2010 SUMMER MFSC CLUB ICE REGISTRATION**  
**June 21 – August 26**  
**(except Monday, July 5)**

[Refer to separate calendar for complete schedule](#)  
[Complete Ice Use Policies are on the web site. Please read them.](#)

- Completed registration form and payment should be placed in the **Ice Chair folder in locker room** or mailed to **Denise Baker, 3155 N. Carriage CT, Midland MI 48642 by Monday, June 7th.**
- **New for 2010:** 1) Club ice is being offered for a continuous 10 calendar weeks. 2) Stroking session is offered on Mondays and Thursdays (fee also covers instructor).
- **All make ups are to be taken during the ongoing summer schedule. Ice credits are not given for missed days.**
- Please keep a copy of your completed registration form.
- Sessions are subject to cancellation due to low enrollment – you will be contacted if your registration needs to be adjusted.
- Please complete a separate registration form for each skater in a family. **Complete both pages of the form for each skater. It is important that we have current information on each skater, including emergency contacts.**
- Refunds, in the form of ice credits only, may be issued at the discretion of the Board.
- **Questions?** Contact Denise Baker @ 636-3462 (daytime) or DABAKER@dow.com

**FEES**

- If your total ice fees **exceed \$400**, you may make **two** payments: **50%** due **with registration** and **balance** due on **July 23rd**
- Please write one check to cover registrations for all family members.

**OTHER**

- Off-ice classes will be offered under a separate registration form.
- Only registered skaters may make up missed sessions and must notify the monitor before getting on the ice.
- Drop-in skaters must notify the monitor and pay the drop-in fee (\$17 for a 50-minute session, \$20 for a 60-minute session, and \$9 for a stroking session) before getting on the ice.
- General sessions: Free Skating, Dance and MIF allowed.
- Shared Club/Basic Skills sessions:
  - a) Skaters must be at Basic Skills 4 or higher.
  - b) Basic Skills skaters who are also Club members are restricted to General/Basic Skills sessions until they have passed the Basic Skills Level 8.

## 2010 SUMMER MFSC CLUB ICE REGISTRATION

*Use a separate Registration Form for each skater (Please Print)*

Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ M or F \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ USFS/CFS# \* \_\_\_\_\_

Highest Level passed: Basic 8 \_\_\_\_ Basic Freeskating \_\_\_\_\_ No USFS Test \_\_\_\_\_

USFS Freeskating \_\_\_\_\_ MIF \_\_\_\_\_ Your Home Club \_\_\_\_\_

### ICE MONITORS

Please indicate your monitoring preference(s) on the registration form. Monitors are important for the safety of our skaters, to keep the sessions moving smoothly, and to take attendance. Monitoring questions can be directed to Anna Cieslinski at [AnnaCie@charter.net](mailto:AnnaCie@charter.net).

### DECLINE MFSC Use of photographs:

I, parent/guardian of \_\_\_\_\_, **DO NOT** authorize Midland Figure Skating Club member and affiliates to take and use photographs of above child for use in newspapers, flyers, web site, or related publicity to promote the MFSC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### WAIVER OF RESPONSIBILITY

The Midland Figure Skating Club and organizers of the club ice program undertake no responsibility for damages or injuries suffered by any skater. As a condition of, and in consideration of their enrollment, all enrollees and their parents and guardians shall be deemed to agree to assume all risks of injury to their person and property resulting from or caused by, or connected with conduct and management of the club ice program, and to waive and release any and all claims which they may have against the Midland Figure Skating Club, its officers, and/or employees and staff.

### EMERGENCY CONTACT INFORMATION

Name of Skater \_\_\_\_\_

1. Phone: \_\_\_\_\_

2. Phone: \_\_\_\_\_

3. Phone: \_\_\_\_\_

Skater's physician Name and Phone: \_\_\_\_\_

Insurance Policy Carrier and #: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Parent/Guardian/Adult skater signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Name \_\_\_\_\_

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SKATER NAME \_\_\_\_\_

Please circle the session number(s) you are registering for and fill in the Skater Fee. Use one form for each skater in your family.

| DAY      | Session # | Session type | TIME           | # of weeks | FEE      | Skater Fee | Check if available to Monitor |
|----------|-----------|--------------|----------------|------------|----------|------------|-------------------------------|
| Monday   | 101       | G            | 3:00-4:00 pm   | 9          | \$166.50 |            |                               |
|          | 102       | G+BS         | 4:00-5:00 pm   | 9          | \$166.50 |            |                               |
|          | 103       | Stroking     | 5:00-5:20 pm   | 9          | \$67.50  |            |                               |
|          | 104       | G            | 5:30-6:30 pm   | 9          | \$166.50 |            |                               |
|          | 105       | G+BS         | 6:30-7:20 pm   | 9          | \$139.50 |            |                               |
|          |           |              |                |            |          |            |                               |
| Tuesday  | 201       | G+BS         | 10:00-11:00 am | 10         | \$185    |            |                               |
|          |           |              |                |            |          |            |                               |
| Thursday | 301       | G            | 3:00-4:00 pm   | 10         | \$185    |            |                               |
|          | 302       | G+BS         | 4:00-5:00 pm   | 10         | \$185    |            |                               |
|          | 303       | G+BS         | 6:00-7:00 pm   | 10         | \$185    |            |                               |
|          | 304       | G            | 7:00-8:00 pm   | 10         | \$185    |            |                               |
|          | 305       | Stroking     | 8:00-8:20 pm   | 10         | \$75     |            |                               |
|          |           |              |                |            |          |            |                               |
|          |           |              |                | TOTAL      | \$       |            |                               |

**Summary of family ice fees due**

| Skater first name:  | Fee |
|---|-----|
| Skater 1  | \$  |
| Skater 2  | \$  |
| Skater 3  | \$  |
| Skater 4  | \$  |
| Total fees due  | \$  |
| Ice credit (attach email)                                 | \$  |
| Total payment due   | \$  |
| Amount enclosed ( <b>50% if total due exceeds \$400</b> ) | \$  |
| Balance due <b>July 23</b>                                | \$  |

**Registrations are due by Monday, June 7**

Make checks payable to MFSC

Mail to: Denise Baker, 3155 N. Carriage CT, Midland MI 48642 or put in Ice Chair folder in locker room