

This package includes one on ice stroking class and 1 off ice class. Times for the classes will be posted.

Skater's Name:		D.O.B:		
		City:		
State: Zip:	Er	mail:		
Phone:		ndition:		
Emergency Contact Na	ame & Number:			
Head Coach:	F	Iome Club:		
Highest USFS tests pas	ssed: Free skate:	Moves:		
Dance: Of	ther:			
observation of sports consti knowingly recognize, accep any liability thereof.	ored by IceWorks and/or its ag itutes a risk to me/us of serious ot, & assume this risk & release	ents or affiliates, I/we understan injury, including permanent par IceWorks, its affiliates, their sp	alysis or death. I/We oonsors, event organ	voluntarily & izers & officials from
Signature (parent, if unde	r 18):	[Date:	-
contracts signed after th <u>Payment Terms</u> : . Appli be charged on the date	e start date of September 6 th cants must supply IceWor s below. Insufficient paym ponsibility to provide payr		er information so penalty <u>per lat</u>	<mark>te day</mark> . This will be
	\$3675.00			\$4725.00
		15 SESSI	ON	UNLIMITED
•	nave created a DAYSMART		et e i a	
		nts and will be run on the 1	of each month.	Any declined card
will result in a 10.00/day	y late fee assessment.			
Credit Card Information				
Number	E	xpiration date	Securit	y Code
Signature				
	ct authorizes IceWorks to I once the contract is sign	charge the installment amo ed	ount on the date i	ndicated. No
ACH INFORMATION:	Bank Name:			
Routing Number:				
Account number:				

Signing of this contract authorizes IceWorks to charge the installment amount on the date indicated. No refunds will be issued once the contract is signed.