

Lighthouse Figure Skating Club
P.O. Box 1363, South Dennis, MA.02660

www.lighthousefigureskatingclub.com

LFSC MEMBERS SATURDAY ICE CONTRACT

SESSION III

April 3rd 2010-June 26th 2010 (EARLY HOURS: 8:30am-11:20am)

***NO ICE ON 4/10, 5/1, 5/29**

TIME CHANGE: 4/3/2010: 8AM-10:50AM.

60 MINUTE FREESTYLE SESSIONS:

FULL ICE CONTRACT=10 weeks @ \$13.00/HOUR.

PARTIAL ICE CONTRACT=8 or less weeks @ \$15.00/HOUR.

WALK-ON: \$15.00/HOUR.

8:30am – 9:30am @ \$_____/hr. x _____ Weeks = \$_____

10:00am – 11:00am @ \$_____/hr. x _____ Weeks = \$_____

10:20am – 11:20am @ \$_____/hr. x _____ Weeks = \$_____

30 MINUTE ON ICE CLASS:

FULL ICE CONTRACT=10 Weeks @ \$15.00/HOUR.

PARTIAL ICE CONTRACT= 8 or less weeks @ \$18.00/HOUR.

WALK-ON: \$18.00/HOUR

9:30-10:00am @\$_____/hr. x _____ Weeks= \$_____

PAYMENT OPTIONS

Pay in full: **DUE BY 4/3/2010**_____.

Pay in (2) equal installments: **1st DUE BY 4/3/2010**_____, **2ND DUE BY 5/15/2010**_____.

ALL LATE PAYMENTS WILL RESULT IN A \$15 LATE CHARGE. NO EXCEPTIONS!!

Refunds only due to illness, injury (MD Note required) or competitions.

Name: _____ USFSA # _____

Address _____

Phone: _____ Email: _____

Lighthouse Figure Skating Club of Cape Cod, Inc. Regulations & Release form:

I understand that I must abide by the rules and regulations of the Lighthouse Figure Skating Club of Cape Cod Inc. and Mid-Cape Ice Arena Inc. pertaining to conduct and procedures. I will not hold any employee of Mid-Cape Ice Arena or any member or Board Member of Lighthouse Figure Skating Club of Cape Cod Inc. liable for any damages that I or my child may incur either physically, monetarily, or psychologically while I or my child are on rink property or while participating in Lighthouse Figure Skating Club of Cape Cod Inc. ice sessions or activities. In the event of illness the Lighthouse Figure Skating Club of Cape Cod Inc or the Mid-Cape Ice Arena Inc. has my permission to provide first-aid emergency care. I agree to pay in full for the above noted sessions/ice contract.

Date: _____

Signature of parent or guardian if under 18 years of age