

Lighthouse Figure Skating Club
PO Box 1363, South Dennis, MA 02660
www.lighthousefigureskatingclub.com

LFSC MEMBERS SATURDAY ICE CONTRACT

SESSION I

September 24, 2011 – December 17, 2011

****NO ICE ON 10/1 or 11/26****

60 MINUTE FREESTYLE SESSIONS

FULL ICE CONTRACT = 11 weeks @ \$13 per hour

PARTIAL ICE CONTRACT = less than 11 weeks @ \$15 per hour

WALK ON: \$15 per hour

7:30am – 8:30am @ \$_____/hr x _____ weeks = \$_____

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

PUNCH CARDS

10 session punch cards are available for \$140. Punch cards are good for one year.

Payment in full is DUE by September 24th.

ALL LATE PAYMENTS WILL RESULT IN A \$15 LATE CHARGE.

Refunds will be made only in the case of 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 Arena, Inc has my permission to provide first-aid emergency care. I agree to pay in full for the above noted session/ice contract.

_____ Date: _____
signature of parent or guardian if under 18 years of age