

High Performance Figure Skating Center at the University of Delaware

Fred Rust Ice Arena
547 South College Avenue
Newark, DE 19716

Summer Associate Contract (11 June 2012 – 3 August 2012)

Application will not be processed unless all sections are completed

Skater's Name _____ Male Female Age _____ Date of Birth _____ / _____ / _____
Day Mon Yr

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Coach(es) _____



The Summer Associate Contract for weeks #1 - #8 is \$640 and includes:

- Ten High Performance Center sessions per week 11 June – 3 August
- High Performance Center session coupons may be used for ice time, off-ice conditioning, or off-ice dance
- Unused session coupons expire on the dates indicated
- Coupons may only be used for correct session levels
- Session coupons are non-transferable
- This contract will not be pro-rated for any part of the summer contract season. **It must be purchased in its entirety.**
- A \$25 fee will be assessed for replacement coupon books

The High Performance Figure Skating Center reserves the right to shut down the arena for maintenance, test sessions, or other special events with no refund given. In addition, there will be no special packages, rebates, substitutions, make-up, or refund for missed ice time. Sessions are subject to change if there is not enough of a demand for the listed level.



Payment Information

The Summer Associate Contract fee of \$640 is billed upon registration and may be paid in two (2) equal payments. You also have the option of paying one (1) payment and receive a 5% discount for a total fee of \$608.00. A minimum payment of the \$320 deposit is due at the time of registration. Failure to maintain all accounts as paid to date and current will result in the immediate loss of ice and facility privileges. No credits will be issued for "walk-on" tickets purchased prior to this contract. Application and minimum deposit must be received no later than 1 June 2012.

Installment Dates	Two Payments & Deposit	One Payment
Upon application	\$ 320.00	\$ 608.00
9 July 2012	\$ 320.00	

Please check the box for the option you desire:

I hereby agree to pay the total fee for the Summer Associate Contract.

- \$640.00 Two Payments (autopay is optional)
- \$608.00 One Payment (full payment is required for this option)

Billing Name _____

Billing Address _____

City _____ State _____ Zip _____

- Installments are to be charged automatically to my credit card per the installment due dates chosen and the amount due for the payment option I have chosen.

Print Name of Card Holder _____ Cardholder Signature _____

Credit Card # _____ Expiration Date _____ Zip Code _____



Withdrawal from Contract

The skater may request to withdraw from the Summer Associate Contract in the event of a serious medical illness or condition or other extenuating circumstances requiring total withdrawal from High Performance Figure Skating Center services. The skater must notify the business office in writing within 30 days of the first day of missed time. Requests to withdraw must be accompanied by an illness-specific physician's note and/or other supporting documentation. Refunds will only be considered for complete loss of session time of two or more consecutive weeks. Refunds are calculated at 75% of the Summer Associate fee for the missed time period.



University of Delaware Waiver Form

In consideration of the privilege of using the University of Delaware Ice Arena and understanding that there are inherent risks in connection with this activity, I (we) hereby assume these risks, waive any possible claim that may arise against the University and its employees for any damages or injuries sustained in the course of the activity and I (we) agree to indemnify and save harmless and not to assert a claim against or sue the University of Delaware employees for any such damages or injuries or for any and all other claims which may arise in connection with my (our) use of the Ice Arena.

Skater's Signature (18 & Over) Date Parent's Signature (skater under 18) Date

Emergency Treatment Release Form

I, _____, hereby authorize any physician and/or member of the medical staff of any hospital or emergency treatment center to render medical treatment*, which in his or her judgment may be deemed necessary in the care of: (*Parents are responsible for all medical expenses incurred)

Name of Skater _____ Date of Birth _____

Physician Name _____ Physician Phone _____

Allergies _____

Medicines Currently Taking _____

Outstanding Medical History _____

Insurance Company _____

Policy Number _____ Name of Subscriber _____

Skater's Signature (18 & Over) Date Parent's Signature (skater under 18) Date