## Merrimack Valley Skating Club

Graf Skating Rink, 28 Low Street, Newburyport, MA 01950 Office (978) 462-8112 ~ www.thegrafrink.com

#### 2018 BRIDGE PROGRAM – OCTOBER SERIES

Tuesday 5-5:50pm
October 30<sup>th</sup> – December 18<sup>th</sup> (8 weeks!)
8 weeks = \$165

\*SNOW POLICY: Any cancellation due to weather conditions will be recorded on the rink voicemail system (978) 462-8112. If you are unsure of a cancellation please call ahead. Individual cancellation calls will not be made. Freestyle passes will be given out upon request for any session that is cancelled due to reasons beyond our control.

25 minutes of instruction followed by 25 minutes of practice on your own.

Takes place during the Tuesday 5pm MVSC Freestyle session.

- ~ This program is taught by the MVSC professional coaching staff.
- All coaches have successfully completed a comprehensive background screening process through the National Center for Safety Initiatives.

**Deadline to register:** October 23rd

The Bridge Program is offered continuously throughout the year and is designed to teach skating skills at a faster pace in a small, group lesson environment. The Bridge Program will also introduce skating on a figure skating Freestyle session (such as proper traffic patterns, etc.). The Bridge Program is an affordable option for those skaters looking to progress their badge-level skills and, at the same time, get a wonderful introduction into the sport of Figure Skating. This program is defined as the "stepping block" from Learn to Skate classes to private lesson skating. Skaters will not be testing for badges (as they do in a Learn to Skate USA class) however they will follow the same skill-guidelines that are established in such classes.

Your registration form, waiver and full payment must be submitted in order to reserve a spot in class. Skaters must be registered with US Figure Skating in order to participate in this program (full MVSC membership or LTS USA membership). Please speak to Nikki in the front office if you need to obtain a membership. There is no age limit however skaters should be working on at least the Learn to Skate USA Basic 5 level.

#### Please mail application, waiver and full payment (checks payable to MVSC) to:

MVSC Bridge Program
Graf Rink
28 Low St.
Newburyport, MA 01950

Deadline to register: October 23rd

Checks should be payable to MVSC (Merrimack Valley Skating Club). Cash will be accepted if paying in person at the rink.

#### Refund Policy (Please review the weather cancellation policy at the top of this page.)

Checks will not be cashed until we reach our quota for class. We reserve the right to cancel a class depending on enrollment. You will be contacted with any changes otherwise confirmation calls will not be made. There will be no refunds or make-ups given due to your own cancellations or conflicts. There are no make-up classes for any missed lessons. Only medical refunds will be given. A doctor's note must be provided for a medical refund. Public Skating passes will be given out upon request for any class that is cancelled due to reasons beyond our control. Sibling discounts are not available. Skaters are not allowed to pro-rate class fees due to your own cancellations or conflicts. \$25.00 of your registration payment is non-refundable. Should you decide to withdraw from class you must notify the Director in the front office before the start of the 3rd class. A pro-rated refund will then be given accordingly. No refunds will be given after the 3rd class of the series. New skaters will be accepted through the 2rd class if space permits and will be charged a pro-rated registration fee. Please contact the Director, Nikki Roberts, at (978) 462-8112 or nikki@thegrafrink.com with any questions.

### 2018 MERRIMACK VALLEY SKATING CLUB BRIDGE PROGRAM – OCTOBER SERIES

Name of Skater:				Male/Female:
Full Address:	City:	State:	Zip:	Male/i emale.
Phone:		rm of communicat		
Age:	Date of		<del>/-</del>	
USFS or LTS USA#:				
(Please speak to the Director if you	need to obtain	a USFS mer	<mark>nbership)</mark>	
Highest Level Of Learn To Skate P	reviously Comp	leted:		
Private Coach (if applicable):				
Parent Names & Phone #'s:				
Emergency Contact Name & Phone	e #:			
Allergies/medical conditions:				
*Tuesday 5-5:50pm				
October 30th – December 18th				
8 weeks = \$165				
Check or money order enclose Cash will be accepted if paying		·	ayable to MVS	C (Merrimack Valley Skating Club).
Please mail	application, wa	iver and full p	payment (che	cks payable to MVSC) to:
		MVSC Bridge Graf F 28 Low Newburyport,	Rink v St.	
Registration deadline: (			oe payable to I ying in person	MVSC (Merrimack Valley Skating Club). at the rink.
Checks will not be cashed until we real be contacted with any changes other your own cancellations or conflicts. doctor's note must be provided for cancelled due to reasons beyond our to your own cancellations or conflicts. class you must notify the Director in to No refunds will be given after the 3	ach our quota for wise confirmation. There are no man a medical refunction control. Sibling \$25.00 of your the front office be gradely and the state of the state	class. We reson calls will nake-up classes d. Public Skale discounts are registration perfore the start coeries. New signal controls.	serve the right not be made. Is for any misses ting passes with a not available. Dayment is not fithe 3rd class katers will be a sector, Nikki Rouestions.	blicy at the top of page #1.) to cancel a class depending on enrollment. You will There will be no refunds or make-ups given due to delessons. Only medical refunds will be given. A I be given out upon request for any class that is Skaters are not allowed to pro-rate class fees due n-refundable. Should you decide to withdraw from A pro-rated refund will then be given accordingly. accepted through the 2 <sup>nd</sup> class if space permits and berts, at (978) 462-8112 or nikki@thegrafrink.com
		Release Iron	n Liability	
or while traveling to or from the Graf Rink. items. I understand that \$25 of In order to advertise our program we may	The Graf Rink ar my registration pay use photos and/or	nd/or its employo yment is non-ref skater's names	any accident or ees, coaches ar fundable and I h from time to tin	te in the MVSC BridgeProgram. I will not hold the Graf injury incurred while participating in the Bridge Program of volunteers will not be responsible for any lost or stolen ave read and agree to the above refund policy. The (newspaper, website, etc.). We do need your consentally be printed, no photo ( ) No consent given for photo or name
Signature (Parent or guardian signature if	the skater is under	the age of 18.)	<u> </u>	Date
For office use only:				
Payment: Info:		Notes:		

Please fill out next page Please fill out next page Please fill out next page

# **Shamrocks Rink Management**

## Merrimack Valley Skating Club Bridge Program

## ASSUMPTION OF RISK AND COMPLETE RELEASE

Partic	ipant Name
Street	Address
City, S	State, Zip
	Number
	sideration of permission to use, today and on all future dates, the property, facilities and services ties) of Graf Skating Rink in Newburyport, MA, I, the undersigned (Parent/Skater), hereby expressly
1.)	That skating and dry-land training is a participation sport and I am fully aware of the risks and hazards involved in or arising from my use or presence upon the facilities. I hereby assume any and all risks involved in or arising from my use of our presence upon the facilities, including, without limitation, the risks of bodily injury resulting from collision between myself and another person or a stationary object or the negligent or deliberate act of another person:
2.)	To release SRM and/or MVSC and all of its successors, assigns, affiliates, officers, directors, employed and agents from, and agree not to sue any or all of them on account of or in connection with any claims causes of action, injuries, damages, costs or expenses arising out of Skater's use of or presence upon the Facilities, including, but not limited to, those based on bodily injury, whether or not caused by the negligence or other fault of SRM and/or MVSC.
3.)	This release shall be binding upon my heirs, administrators, executors, assigns and legal representative.
4.)	To waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
5.)	If I ignore this agreement and file suite, I will be held responsible for all attorney fees and court costs incurred by SRM and/or MVSC.
6.)	I have read and understand this agreement. I understand that by signing this agreement I surrender valuable rights, including, but not limited to, my right to sue. I do so waive voluntarily.
Sig	nature Date

(Parent signature if participant is under the age of 18.)