

# Merrimack Valley Skating Club

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

## 2019 BRIDGE PROGRAM – JANUARY SERIES

**Tuesday 5-5:50pm**

**January 8<sup>th</sup> – February 26<sup>th</sup> (No class 2/19)**

**7 weeks = \$145**

**\*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: January 2<sup>nd</sup>**

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: January 2<sup>nd</sup>

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 3<sup>rd</sup> class. A pro-rated refund will then be given accordingly. **No refunds will be given after the 3<sup>rd</sup> class of the series.** New skaters will be accepted through the 2<sup>nd</sup> 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.

## 2019 MERRIMACK VALLEY SKATING CLUB BRIDGE PROGRAM – JANUARY SERIES

|   |                                     |              |      |
|---|-------------------------------------|--------------|------|
| Name of Skater:   |                                     | Male/Female: |      |
| Full Address:   | City:                               | State:       | Zip: |
| Phone:  | Email (main form of communication): |              |      |
| Age:  | Date of Birth:                      |              |      |
| USFS or LTS USA#:<br>(Please speak to the Director if you need to obtain a USFS membership) |                                     |              |      |
| Highest Level Of Learn To Skate Previously Completed:                                       |                                     |              |      |
| Private Coach (if applicable):  |                                     |              |      |
| Parent Names & Phone #'s:   |                                     |              |      |
| Emergency Contact Name & Phone #:   |                                     |              |      |
| Allergies/medical conditions:   |                                     |              |      |

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7 weeks = \$145

\_\_\_\_\_ Check or money order enclosed. Checks should be made payable to MVSC (Merrimack Valley Skating Club).

\_\_\_\_\_ Cash will be accepted if paying in person at the rink.

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MVSC Bridge Program  
Graf Rink  
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Newburyport, MA 01950

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**Release from Liability**

I hereby give permission for \_\_\_\_\_ to skate in the MVSC Bridge Program. I will not hold the Graf Rink, its employees, the MVSC coaching staff or volunteers responsible for any accident or injury incurred while participating in the Bridge Program or while traveling to or from the Graf Rink. The Graf Rink and/or its employees, coaches and volunteers will not be responsible for any lost or stolen items. I understand that \$25 of my registration payment is non-refundable and I have read and agree to the above refund policy. In order to advertise our program we may use photos and/or skater's names from time to time (newspaper, website, etc.). We do need your consent:  
( ) Photo consent and you may use my child's name ( ) Photo consent only, no name ( ) Name may only 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.)

\_\_\_\_\_  
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

Participant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

In consideration of permission to use, today and on all future dates, the property, facilities and services (Facilities) of Graf Skating Rink in Newburyport, MA, I, the undersigned (Parent/Skater), hereby expressly agree:

- 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, employees 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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