



# Sun Valley

## Summer Ice Skating School Application June 23 - August 22, 2014

Ice Skater's Name \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Parent/Guardian Name \_\_\_\_\_ email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Highest Test passed: MOVES \_\_\_\_\_ FREESTYLE \_\_\_\_\_ DANCE \_\_\_\_\_ PAIRS \_\_\_\_\_

### **Medical Release Form**

In consideration of being permitted to participate in ice skating activities and use of Sun Valley Company facilities, I do for myself, my heirs, executors, administrators, and assigns, do hereby release and forever discharge Sun Valley Company and its parent, subsidiary, brother, sister, and other closely-related affiliate companies, and its and their officers, directors, employees, agents, successors, assigns of and from any and every claim, demand, action or right of action, of whatever kind or nature either in law or in equity arising from or by reason of any bodily injury or personal injuries, death or property damage resulting from any accident which may occur as a result of participating in ice skating and related activities or the use of Sun Valley Company facilities, even if based on the negligence of Sun Valley Company. I/We hereby give permission for medical attention and/or any emergency procedures necessary for the above named student by medical doctors at the St. Luke's Wood River Medical Center, Sun Valley, Idaho

### **I HAVE READ AND MEET THE TERMS STATED IN THE BROCHURE**

Signature (Parent or legal guardian if under 18) \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

### **PRO INFORMATION**

All instructors are private contractors and must be contacted by the skater/parent directly. Contact information can be found at [www.sunvalley.com](http://www.sunvalley.com). Sun Valley Company is not responsible for assigning you a professional, or setting up lessons for you. Requests will be fulfilled based on availability of the instructor. **All lesson payments are made directly to the individual instructor.** Full lesson rates are due if 24 hour notice is not given to your instructor.

### **Sun Valley Company's Skating Center**

**P.O. Box 10**

**Sun Valley, ID 83353**

**(208)622-2192, (208)622-2193**

**Fax # 208-622-2199**

**skatingcenter@sunvalley.com**

**www.sunvalley.com**

**SKATERS NAME:** \_\_\_\_\_

**CHOOSE YOUR WEEK(S)**

These are the weeks you are planning on attending the Sun Valley Summer Skating School. **Please register only for FULL weeks that you plan to attend.** Partial weeks may be purchased upon your arrival on space available and paid prior to skating.

**WEEK 1 JUN 23-JUN 27**

**WEEK 2 JUN 30-JUL 4**

**WEEK 3 JUL 7-JUL 11**

**WEEK 4 JUL 14-JULY 18**

**\*\*COMPETITION JUL 21-JUL 25**

**WEEK 6 JUL 28-AUG 1**

**WEEK 7 AUG 4 - AUG 8**

**WEEK 8 AUG 11 - AUG 15**

**WEEK 9 AUG 18 - AUG 22**

\*\* Our regular Summer School sessions or clinics will be limited during competition week July 15-19. Please see Competition Week Ice Application.

**CHOOSE YOUR SESSION(S)**

All ice time is purchased on a weekly basis. Choose from the sessions below and you will be registered for that session every day it is scheduled during your selected weeks. We are unable to pre-register for individual sessions. Individual sessions may be purchased on a space available basis at the skate counter and paid for prior to skating.



**OUTDOOR RINK**

	TIME	SESSION/CLASS	DAY
	7:40 – 8:05	Figures 101	Mon
	7:40 – 8:30	Patch	Mon-Fri
	8:30 – 8:55	Jump to Win	Mon & Wed
	8:30 – 8:55	Spin to Win	Tue & Thur
	8:30 – 8:55	Sk8 Tricks	Fri
	9:05 – 9:30	Coffee Club	Mon-Fri
	9:40-11:10	General Session	Mon-Fri
	11:25-12:15	Program Dance	Mon-Fri
	12:25-1:15*	Freestyle (Jr,Sr,Pro)	Mon-Fri
	1:25-3:00	General Session	Mon-Fri
	3:10-3:35	Stepping Out!	Mon-Fri
	3:35-4:25	Freestyle (Notest-Juv)	Mon-Fri
	4:35-6:05	General Session	Mon-Fri
	6:15-7:05*	Freestyle (Open)	Mon-Fri
	7:15-9:00*	General Session	Mon-Fri

\*Session canceled ice show nights

	TIME	SESSION/CLASS	DAY
	11:30 – 12:15	Off-Ice conditioning	M, W, F

**INDOOR RINK**

	TIME	SESSION/CLASS	DAY
	7:30-8:20	Open Freestyle/Dance	Mon-Fri
	8:30-9:20	Open Freestyle/Dance	Mon-Fri
	9:30-10:20	Freestyle (Prepre-Int)	Mon-Fri
	10:30-11:20	Freestyle (Juv-Sr)	Mon-Fri
	11:30-12:20	Freestyle (Int-Sr)	Mon-Fri
	12:30-1:20	Adult Session	Mon-Fri
	1:30-2:20	Freestyle (Nontest-Juv)	Mon-Fri
	2:30-3:20	Open Freestyle	Mon-Fri
	3:35-4:00	Stroking	Mon, Wed, Fri
	3:35-4:00	Old School Edges	Tues & Thurs
	4:10-4:35	Dance with Our Stars	Mon
	4:10-4:35	Theater on Ice	Tues & Thurs
	4:10-4:35	Spiral in Style	Wed
	4:10-4:35	Jump Technique	Fri
	4:45-5:35	Freestyle (Juv-Sr)	Mon-Fri
	5:45-6:35	Dance/Moves	Mon-Fri
	6:45-7:35	Dance	Tues & Thurs

\*\* To skate a session you must have passed the Freestyle test for that level, not just the Moves test.

**NOTE: Applications must be completed in full in order to be accepted. Applications will be processed on a first come first served basis. All sessions are limited. Please fill in your highest test passed at the time of filling out the application. In order to skate a freestyle session you must have passed the freestyle test for that level, not just the moves test. This applies to all sessions.**

**PRICE STRUCTURE FOR CLINICS AND SESSIONS**

<b>Clinics</b>	<b># of Weeks</b>	<b>Cost</b>
Jump to Win	_____	\$32
Spin to Win	_____	\$32
Sk8 Tricks	_____	\$16
Coffee Club	_____	\$75
Stepping Out!	_____	\$70
Old School Edges	_____	\$32
Figures 101	_____	\$16
Theater on Ice	_____	\$32
Spiral in Style	_____	\$16
Stroking	_____	\$40
Dance w/ Our Stars	_____	\$16
Jump Technique	_____	\$16
Off-Ice Conditioning	_____	\$50

<b>Freestyle/Dance Sessions</b>	<b>#</b>	<b>Cost</b>
1 session/day (5/wk)	_____	\$55
2 sessions/day (10/wk)	_____	\$100
3 sessions/day (15/wk)	_____	\$135
4 sessions/day (20/wk)	_____	\$170
5 sessions/day (25/wk)	_____	\$200
6 sessions/day (30/wk)	_____	\$225

**Total sessions & lockers** \$ \_\_\_\_\_  
**10% Discount rec'd by June1\*** \$ \_\_\_\_\_

\*discount does not apply to  
 Week 5 (competition week)\*

**Plus 10% Sales Tax** \$ \_\_\_\_\_  
**Total Clinics** \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

<b>Lockers</b>	<b># of Weeks</b>	<b>Cost</b>
Weekly	_____	\$10/wk
Monthly	_____	\$30/mo

**Payment Information**

Amount of payment \$ \_\_\_\_\_ (circle one) Check Visa MasterCard Amex Discover SunValleyCard  
 Note: All applications must come with at least a 50% deposit. Full payment due by June 1, 2014.

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

(If credit card is to be used, the full amount will be charged upon receipt of application)

I authorize my credit card to be put on file and to be used for additional ice time: \_\_\_\_\_

**\*\* All refunds may be subject to a 10% service & restocking fee\*\***