



Sun Valley

Summer Ice Skating School Application June 17 - August 16, 2013

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. 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 17-JUN 21

WEEK 2 JUN 24-JUN 28

WEEK 3 JUL 1-JUL 5

WEEK 4 JUL 8-JULY 12

****COMPETITION JUL 15-JUL 19**

WEEK 6 JUL 22-JUL 26

WEEK 7 JUL 29 - AUG 2

WEEK 8 AUG 5 - AUG 9

WEEK 9 AUG 12 - AUG 16

** 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 – 8:30	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
6:30-7:20	Open Freestyle/Dance	Mon-Fri
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
4:10-5:00	Freestyle (Juv-Sr)	Mon-Fri
5:10-5:35	Dance Revolution	Mon
5:10-5:35	Theater on Ice	Tues & Thurs
5:10-5:35	Spiral in Style	Wed
5:10-5:35	Jumpin with Jozef	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

Clinics	# of Weeks	Cost
Jump to Win	_____	\$32
Spin to Win	_____	\$32
Sk8 Tricks	_____	\$16
Coffee Club	_____	\$75
Stepping Out!	_____	\$70
Old School Edges	_____	\$32
Theater on Ice	_____	\$32
Spiral in Style	_____	\$16
Stroking	_____	\$36
Dance Revolution	_____	\$16
Jumpin with Jozef	_____	\$16
Off-Ice Conditioning	_____	\$50

Freestyle/Dance Sessions	#	Cost
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 June 1 \$ _____
Plus 9% Sales Tax \$ _____
Total Clinics \$ _____

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

Total Amount Due \$ _____

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, 2013.

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 is time: _____