



Sun Valley

Summer Ice Skating School Application June 18 - August 17, 2012

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

ICE SKATERS NAME: _____

CHOOSE YOUR WEEK(S)

These are the weeks you are planning on attending the Sun Valley Summer Skating School

WEEK 1 JUN 18-JUN 22

WEEK 2 JUN 25-JUN 29

WEEK 3 JUL 2-JUL 6

WEEK 4 JUL 9-JULY 13 **COMPETITION JUL 16-JUL 20

WEEK 6 JUL 23-JUL 27

WEEK 7 JUL 30 - AUG 3 WEEK 8 AUG 6 - AUG 10

WEEK 9 AUG 13 - AUG 17

** Our regular Summer School sessions or clinics will not be available during competition week July 16 - 20

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
	7:50-8:40	Patch	Mon-Fri
	8:40-9:05	Jump to Win	Mon & Wed
	8:40-9:05	Spin to Win	Tue & Thur
	8:40-9:05	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 (Prelim-Int)	Mon-Fri
	10:30-11:20	Freestyle (Juv-Sr)	Mon-Fri
	11:30-12:20	Freestyle (Nov-Sr)	Mon-Fri
	12:30-1:20	Adult Session	Mon-Fri
	1:20-2:10	Freestyle (Nontest-Juv)	Mon-Fri
	2:20-3:10	Open Freestyle	Mon-Fri
	3:10-3:35	Choreography	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

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 time of application. For novice through senior freestyles **NO** intermediates will be allowed on these sessions. In order to skate a senior freestyle you must have passed the senior freeskate test, not just senior moves. This applies to all levels.

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
Dance Revolution	_____	\$16
Jumpin with Jozef	_____	\$16
Off-Ice Conditioning	_____	\$50

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

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
Stroking (3/wk)	_____	\$36
Choreography (5/wk)	_____	\$30

Total sessions & lockers	\$ _____
10% Discount rec'd by June 1	\$ _____
Plus 9% Sales Tax	\$ _____
Total Clinics	\$ _____
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, 2012.

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: _____

