

# Port Huron Figure Skating Club

## **Fundraising Agreement 2007-08**

This agreement is between the Port Huron Figure Skating Club and

\_\_\_\_\_ parent of \_\_\_\_\_  
(print parents name) (print child/ren name)

With ice fees increasing yearly this agreement has become a necessary source of annual income for the PHFSC to attempt to maintain, and/or keep ice fees as low as possible. Forty nine percent (49%) of fundraising amounts acquired will be credited to the skater and the remaining fifty one percent (51%) will be credited to the Club. If the required amount is not met the balance will be added to the member's account.

Fundraising is based on number of Sessions purchased per Skater in the Fall Season. The amounts listed below are your 51% that goes directly to the club if you wanted to pay in full now. Families with more than one skater will not exceed the maximum of \$100.00 per family.

**One Session = \$20** (This excludes "Basic skills Only" skaters)

**Two Sessions = \$40**

**Three Sessions = \$60**

**Four Sessions = \$80**

**Five or More Sessions = \$100**

Members that skate only the Fall/Winter season must complete their fundraising requirement before March 1, 2009

This agreement is in effect from September 02, 2008 through August 31, 2009.

I have read and understand the Fundraising Agreement and will abide accordingly.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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

Please be advised skaters who only skate in fall will be required to do the same fund-raising amount. There is no cash value to fund-raising and can ONLY be applied to ice fees or costume fees. If you have a credit from one season to the next, that credit may be carried to the next season. You will NOT receive a check for a credit balance.

# PORT HURON FIGURE SKATING CLUB POLICIES 2007-08

## SESSION REQUIREMENTS

Minimum required to run session is 14 skaters

**Combined Freestyle/Moves sessions: based on F/S qualifications below**

- Level 1 Session: PASSED Preliminary Freeskate test
- Level 2 Session: PASSED Pre-Preliminary MIF test
- BASIC/BEG FS: NO tests
- OPEN Freeskate: PASSED Pre-Preliminary FS test

## ICE PAYMENTS

Accounts should be kept up to date monthly and are considered late on the 2<sup>nd</sup> of the month if payment is not received as agreed.

**Payments will only be accepted by mail to our post office box:**

**PHFSC** P.O. Box 610863, Port Huron MI 48061-0863

## TEST DAY

Each skater registered for a session that happens to fall on a Test Day will be reimbursed with a Drop-In Ticket (DIT) for the specific session/s forfeited. Drop-in cards are issued by Membership or Ice Monitor and a monetary value will be written on the ticket.

## DROP-INS

- Tickets have no refund or cash value.
- Do not ask to skate based on the fact that you have card/s "due to you". No card - No skate.
- Present card to ice monitor before skating.
- If you are skating a session which is longer then the time this card is designated for you will be obligated to pay for that additional time at the rate of \$6.00 for each additional 15 minutes on the ice. If you use a card that is valued greater then the session you are skating, a refund will not be given.
- Ice availability is not guaranteed, Session limits are as follows:  
Maximum of 18 skaters per session

## SCHEDULE CHANGES

Schedule changes are allowed without penalty until 9/10/2008. Any Skater requesting changes after 9/10/2008 will be subject to a \$25.00 fee per request and forfeit of any offered price breaks/

**I have read the PHFSC policies and verify that \_\_\_\_\_**  
**will follow them:** (Skater Name)

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

# PORT HURON FIGURE SKATING CLUB 2008-09

## SKATER'S MEDICAL EMERGENCY INFORMATION

### **PLEASE PRINT:**

Skater Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **NAME OF PERSONS TO CONTACT IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other contact information (cell/work#'s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other contact information (cell/work#'s): \_\_\_\_\_

### **PERSONAL PHYSICIAN:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospitalization Insurance Company: \_\_\_\_\_

In the event of a serious medical event, I give permission for the Port Huron Figure Skating Club to make arrangements for transportation of my child to an emergency medical facility for such care and treatments may be required.

\_\_\_\_\_  
(Signature of Parent and/or Guardian) Phone #: \_\_\_\_\_

## **PORT HURON FIGURE SKATING CLUB PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY**

I/we the undersigned Student and Parent/Guardian agree to assume the risks of participating in the program, and waive all claims for personal Injury and/or loss or damage to property and hereby release the Port Huron Figure Skating Club, its Board of Directors, members, instructor, coaches, and employees, of the McMorrان Complex and Glacier Pointe Ice Complex from any liability whatsoever, which may arise as a result of participation in each skating season. This release shall extend to all future, damages and injuries of every nature, however sustained, even If due to the negligence of alleged negligence of the Port Huron Figure Skating Club. All risks attendant to observing and/or participating In the current skating season and, hereby assumed by the student and his/her parents and/or guardian and this assumption and release are acknowledged and approved by the signatures hereto.

The Port Huron Figure Skating Club reserves, the right to terminate, the registration of any student, without refund, when it is deemed to be in the interest of either the student or the Port Huron Figure Skating Club.

The Port Huron Figure Skating Club reserves the right to use any pictures taken during the season for advertising and/or instructional purposes.

In the event that I/we are unable to be contacted or are unavailable for immediate authorization, I/we agree to hold harmless any hospital and Its staff.

We have read the foregoing, explained its Meaning to our child or ward, and hereby do approve and consent to the terms and conditions stated. We further represent that we are parents or legal guardian of the signed registrant and that the Information given on this registration form is complete, accurate and consent to the participation in the Port Huron Figure Skating Club.

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

1 copy to McMorrان Office  
1 copy to Glacier Pointe Office

If you wish to give any information you feel would be helpful, i.e. allergies, blood type, allergies, medications, etc. please note this information on the reverse side.