

## GSSC Club Sessions

Monday, Wednesday, Friday 3pm, 4pm and 5:15pm

Saturday 8:30 and 9:30am

All sessions will be held at Wall Sports Arena

### Ice time fee:

1 hour Freestyle sessions \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_

Late Fee (After 8/23/10) 50.00

**Total** \$ \_\_\_\_\_

50% Deposit Enclosed: \$ \_\_\_\_\_

**Cost: \$20 Per Ice Session for punch cards ~**

**Ice Walk-On: \$25 Per Session**

~ ALL SESSIONS ARE OPEN SESSIONS ~

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

Coach(es) \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Disclaimer: I hereby give my approval for the above named applicant to participate in the GSSC Figure Skating Program. I assume all risks inherent to such participation and further release, absolve, indemnify and hold harmless the GSSC for any claim arising out of injury or subsequent care, attention or treatment to any skater. I expressly authorize and request the GSSC, Wall Sports Arena and it's Coaching Staff or any member of the organization to act for me and in my behalf according to his/her best judgment in any emergency or injury to my child requiring paraprofessional or professional medical attention or treatment in the event I am not available or cannot be reached. I hereby have read and understand the risk of serious injury statement on this application

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# 2010 Early Fall

September 4-October 31, 2010

Garden State Skating Club

c/o Lara Walsh

25 Wayside Dr

Brick, NJ 08724

Lara@walshllc.com

732-674-0344

Member:



**Garden State Skating Club**  
**2010 Figure Skating Program**  
*September 4 through October 31, 2010*

**Rules for contracting for Garden State Skating Club ice:**

1. You **MUST** be a GSSC Member.
2. You will be liable for all ice time contracted, therefore, you should coordinate with your coach(es) before purchasing.
3. No application will be accepted if you have an outstanding ice bill or coach's bill.
4. A 50% deposit is required and must be paid prior to **August 23, 2010** in order to hold your ice time. No ice will be held without the necessary deposit and/or full payment. 2<sup>nd</sup> deposits will be due on Sept 23<sup>rd</sup>, 2010. **Deposits and balance payments received after the due dates will be subject to a \$50 late fee.** There will be no exceptions to this rule. **THERE IS A \$25 RETURNED CHECK FEE. Please make a note of these dates, the amounts are still due by the due date regardless of whether you receive a bill in the mail.** Submission of this application will constitute a contract between you and the Garden State Skating Club for the ice time indicated for the period Sept 4, 2010 through October 31, 2010. Any unused ice time will be forfeited.

**Rules for skating on Garden State Skating Club ice:**

You **MUST** be a USFSA Member, no exceptions.

All skaters are expected to follow the rules posted at the rink with regard to ice etiquette. A copy of these rules may be found on the Club website, [www.gardenstatesc.org](http://www.gardenstatesc.org).

There will be an ice monitor at all Club sessions. All skaters must present a punch card or walk on fee to the ice monitor prior to getting on the ice for each session skated.

Walk-on skaters will not get on the ice prior to paying the ice monitor for the session.

**Any skater on the ice during a session they have not contracted for, or for which they have not paid the walk-on fee, will be asked to leave.**

**Fall 2009 Weekday Morning Ice**

*All morning weekday ice is contracted directly with Wall Sports Arena. Mail this application and payment directly to the rink.*

**Sept-Oct 2010**

You may contract in one-hour increments from 6:00 to 8:00 am.

**Please Indicate Desired Days & Times**

Tuesday \_\_\_\_\_ am to \_\_\_\_\_ am

Thursday: \_\_\_\_\_ am to \_\_\_\_\_ am

Cost: \$20 Per One-Hour Session

ALL SESSIONS ARE OPEN SESSIONS

**Make checks payable to Wall Sports Arena**

**Please provide ALL the information requested below**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

Coach(es) \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Disclaimer: I hereby give my approval for the above named applicant to participate in the GSSC Figure Skating Program. I assume all risks inherent to such participation and further release, absolve, indemnify and hold harmless the GSSC for any claim arising out of injury or subsequent care, attention or treatment to any skater. I expressly authorize and request the GSSC, Wall Sports Arena and it's Coaching Staff or any member of the organization to act for me and in my behalf according to his/her best judgment in any emergency or injury to my child requiring paraprofessional or professional medical attention or treatment in the event I am not available or cannot be reached. I hereby have read and understand the risk of serious injury statement on this application.

\_\_\_\_\_ Parent or Guardian Signature

Date