



Tel: 480-473-5811
Fax: 480-585-9117
www.coyotesice.com

2011 - 2012 SYNCHRONIZED SKATING TEAM REGISTRATION

ICE DEN 9375 E. BELL RD., SUITE 101 SCOTTSDALE, AZ 85260

PERSONAL INFORMATION

Skater's First Name _____ Skater's Last Name _____ Male
Female

Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

(_____) _____ Emergency Contact Parent Name(s) _____

Emergency Phone _____

E-mail _____ Skater's Age _____ Skater's Date of Birth _____

Skater's Level: _____ Basic Skills or USFS # _____

Skater's Primary Coach: _____ Coach Email: _____

COMMITMENT AGREEMENT

By applying for a position on the Coyotes Synchronized Skating Team, I hereby understand and agree that my participation in all practice sessions, performances and competitions is expected. I further agree to skate as directed. The Head Coach understands that absences may be necessary due to other skating commitments, illnesses or family commitments; however, any skater missing more than two (2) practices may be changed to a substitute team member. ***It is the responsibility of the team member to notify the Head Coach of any and all scheduling conflicts at least one (1) week in advance.***

REGISTRATION FEE

2011 - 2012 FEE..... \$375.00* (Includes Team Jacket for New Members)
Participants joining both the Ice Ensemble & Synchronized teams: deduct 10% off of Synchronized Team registration. Returning members: attach certificate and deduct \$50 from registration fee.
***If additional rehearsals are scheduled beyond the ones listed on this agreement, the registration fee will likely increase. Fund raisers are planned to off-set these fees.**

METHOD OF PAYMENT: Cash or Check payments are due in full at time of registration. Please make checks payable to **COYOTES ICE, LLC.**

Credit Card payments are due in full at time of registration; **or**, fees may be split into two (2) equal payments of \$187.50 each. First payment will be charged at time of registration; second payment will automatically be charged on November 1, 2011.

CREDIT CARD # MUST BE PROVIDED ON THE REGISTRATION FORM FOR PAYMENT PLAN OPTION. POST-DATED CHECKS WILL NOT BE ACCEPTED.

Referred by: _____ (If new for the 2011-12 Season)

AGREEMENT TO USE FACILITIES OF THE ICE DEN

IMPORTANT: THIS IS A LEGAL DOCUMENT; PLEASE READ IN FULL AND UNDERSTAND BEFORE SIGNING.

1. **Assumption of Risk:** In consideration of being permitted to participate in skating and hockey related activities at Ice Den, I hereby agree to the following: I understand and appreciate that: there are risks of serious personal injury in connection with participating and voluntarily assume and accept those risks. I unconditionally release, waive and covenant not to sue Coyotes Ice, LLC ("Ice Den"), and any of their affiliates and subsidiaries, their promotional sponsors and advertisers and all their agents, servants and employees from any and all suits, claims and demands of any kind for personal injuries, property damage, **including but not limited to lost, stolen or damaged goods**, that I may sustain while participating in hockey, skating and all related activities at Ice Den.

2. **Consent to Treat; Consent to Use of Image, Etc.:** I certify that, as parent or guardian of said participant, I give my consent to Ice Den and their staff to obtain medical care from any licensed physician, hospital, or clinic for said participant, for any injury that could arise from participation in any activities at Ice Den. I hereby give my consent to Coyotes Ice, LLC to use my image/likeness (or in the case of a child . . . my child's image/likeness) for the purpose of inclusion in any publications related to the Ice Den.

3. **Refund Policy:** Refunds or credits will only be given if requested in writing two (2) weeks prior to the commencement of registered program. Refunds or credits will be granted after this time only in the event of an injury or illness that causes the skater to miss the entire season and the request is accompanied by a physician's statement verifying the nature of the injury. **No refunds or credits will be given to a registrant who leaves on their own accord or fails to attend. Any registrant who chooses to leave on their own accord or fails to attend is also subject to any and all fee's the team &/or Coyotes Ice, LLC incurred on the registrants behalf.**

4. **In the event any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity of any other provision hereof and this Agreement shall be construed as if such invalid, illegal or unenforceable provision were not contained herein.**

Signature: _____ Date: _____
Parent/Guardian **MUST** sign IF Participant is younger than 18

PAYMENT INFORMATION

AMOUNT DUE: \$ _____ DATE: ____/____/____

() Cash () Check # _____ Please make checks payable to: CoyotesIce, LLC

ALL CHECKS SUBMITTED FOR PAYMENT WILL BE ELECTRONICALLY PROCESSED IN ACCORDANCE WITH THE "CHECK 21" LAW.

CREDIT CARD MUST BE WRITTEN BELOW IF UTILIZING THE PAYMENT PLAN OPTION.

() Visa () MC () DISC () AMEX # _____

EXP. ____ / ____ CVC # _____