

Louisville Skating Academy
2010 Late Fall Training Program
Registration - Part I
(Monday, October 11 – Friday, December 17, 2010)



Enrollment Cover Sheet

Skater's Name _____
Home Phone # _____ Cell # _____
Address _____
City, State and Zip _____
Email _____
Is this a new Email address? Y/N

USFS# _____ Home Club _____

Coach(es) _____

Test Level: MIF _____ Free Skate _____
Dance _____ Basic Skills _____

Skater's School** _____
County _____ Regular Hours _____

**This information helps us plan the schedule.

AGREEMENT TO TERMS

The undersigned agrees that access to Louisville Skating Academy (LSA) sessions and classes and participation in LSA activities are expressly conditioned upon the proper conduct of the undersigned skater and his/her parent. Abusive or threatening word or actions on or off the ice, before, during, or after an activity shall be considered improper conduct. It is mutually agreed by the Parties hereto that at the sole discretion of LSA, access to sessions and classes and permission to participate in the activities by the undersigned skater and his/her parent may be terminated by LSA for what is deemed improper conduct. In the event termination occurs for the remainder of the registration season, LSA shall issue a credit for the unused portion of any collected tuition based upon a pro rata computation. No refund shall be given for the remainder of an individual session. No additional sums shall be refunded. The undersigned has read and understands Part I, Part II and Part III of this registration agreement.

I agree to pay the full amount due. I understand that payments must be made by the due date or I must pay a late fee along with the balance due. I understand that skating privileges (access to ice sessions & permission to test or compete) will be suspended until the balance is paid. By signing below, I acknowledge that I have read Part I of this registration document and accept all terms and conditions specified therein.

Print Name of Registrant/Applicant

Signature of Registrant /Applicant (18 & older) Date

Print Name of Parent or Guardian (for minor)

Signature of Parent or Guardian (for minor) Date



WAIVER AND RELEASE OF LIABILITY

This document contains important information about the inherent risks of ice skating.

I am aware that the sport of ice skating and related off-ice training poses danger and risks of injury. I also understand that my or my child's participation in this sport and in Louisville Skating Academy ("LSA") and/or LSA Basic Skills Group activities, which may include skaters of varying experience, skills and abilities, places me or my child at greater risk of injury than choosing not to participate. I understand that I or my child, or other skaters on the ice may need to practice skills where speed, power and difficult dangerous jumps, spins, spirals and moves are required. I understand that there will be times when skaters are skating backwards, spinning or practicing other maneuvers where it may or may not be possible to see clearly and stop their maneuver in time to prevent a collision with a skater who has crossed his or her path. I agree that I or my child have a responsibility to maintain a lookout for and to avoid a collision with skaters in such maneuvers. I understand that the coaches on the ice are not employees and agents of LSA or LSA Basic Skills Group and that a coach cannot guarantee me or my child's safety. I am solely responsible for assessing at all times whether the conditions of the practice ice sessions, off-ice training sessions, the arena and ice surface are safe or suitable to me or my child's experience, skills, and abilities, and for exiting the session or arena and choosing not to participate if I deem conditions unsuitable.

In consideration for my participation in LSA or LSA Basic Skills Group activities, I hereby release LSA and its officers, directors, members, volunteers, contractors, and employees as well as independent contractor coaches ("Released Parties") from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any LSA or LSA Basic Skills Group activities and programs whether or not caused by the negligence or other fault of the Released Parties.

I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE AND HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT IT THAT I MAY HAVE AND THAT MY SIGNATURE BELOW INDICATES MY AGREEMENT TO ALL OF ITS TERMS.

Print Name of Registrant/Applicant

Signature of Registrant /Applicant (18 & older) Date

Print Name of Parent or Guardian (for minor)

Signature of Parent or Guardian (for minor) Date

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity." I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any of the Releasees may incur as a result of any such claim.

Print Name of Registrant/Applicant

Signature of Registrant /Applicant (18 & older) Date

Print Name of Parent or Guardian (for minor)

Signature of Parent or Guardian (for minor) Date