



**FARMINGTON HILLS ICE ARENA  
FIGURE SKATING  
PREPAID APPLICATION**



**38 Week Contract  
September 8, 2009-June 19, 2010**

**SKATER'S INFORMATION**- Please print clearly

Male [ ] Female [ ]

Skater's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Skating Level PASSED - ISI/USFS: \_\_\_\_\_ Moves: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

**HOUSEHOLD INFORMATION** - MUST BE COMPLETED. Please print clearly.

**PARENT/GUARDIAN:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_ Emergency Ph: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ (Notification of schedule changes will be e-mailed)

**EMERGENCY CONTACT (Other than listed above)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_ Emergency Ph: (\_\_\_\_) \_\_\_\_\_

**PREPAY FEES AND PAYMENT INFORMATION**

Class	Farmington Hills Resident	Non-Resident	Drop-In (if available)
Freestyle	\$8.00	\$9.00	\$12.00
Moves/Mini Session	\$4.50	\$5.00	\$7.00

Prepaid Swipe Card applications are only available for skaters purchasing a minimum of \$302 (Farmington Hills Residents) and \$342 (non-Farmington Hills Residents). This is the equivalent of one (1) 50 minute session, per week, for 38 weeks. Additional sessions may be purchased at the prepaid rate as needed. Only visits paid in advance will be available on the card.

This prepaid application and swipe card will take the place of regular prepaid figure skating and its billing process. By completing this application for a prepaid swipe card you agree to skate the equivalent of one (1) 50 minute session per week for the 38 weeks. You have the option of making the full payment of \$304 (Farmington Hills Residents) or \$342 (Non-resident) at once or splitting it into two payments. If you choose to split the payment, the first half payment of \$152/\$171 is due no later than September 1, 2009 and the remaining half no later than December 4, 2009. No additional invoices or reminders will be sent.

**PREPAID SWIPE CARD PAYMENT INFORMATION**

*\*You must specify the number of 50 minute and/or 30 minutes sessions you expect to use. Any combination must be equal to or more than the minimum requirement of \$304 (resident) or \$342 (non-resident). Unused visits expire June 19, 2010. NO REFUNDS*

**THIS FORM SHOULD ONLY BE COMPLETED FOR THE SESSIONS YOU ARE MAKING PAYMENT FOR AT THIS TIME. THE REMAINING BALANCE AND SESSIONS MUST BE ADDED AND PAID FOR NO LATER THAN DECEMBER 4, 2009.**

**Farmington Hills Resident Prepaid Minimum Agreement = \$304.00**

	<b>FH Residents</b>	<b># of Sessions</b>	<b>Sub Total</b>
<b>Freestyle</b>	<b>\$8.00</b>	# _____ x <b>\$8.00</b> = _____	
<b>Moves/Mini</b>	<b>\$4.50</b>	# _____ x <b>\$4.50</b> = _____	
			<b>Total: \$ _____</b>

**Non-Resident Prepaid Minimum Agreement = \$342.00**

**(Includes Farmington)**

	<b>Non-FH Residents</b>	<b># of Sessions</b>	<b>Sub Total</b>
<b>Freestyle</b>	<b>\$9.00</b>	# _____ x <b>\$9.00</b> = _____	
<b>Moves/Mini</b>	<b>\$5.00</b>	# _____ x <b>\$5.00</b> = _____	
			<b>Total: \$ _____</b>

**Amount Paid (Must not be less than 50% of minimum requirement): \$ \_\_\_\_\_**

CASH  CHECK  # \_\_\_\_\_ **MAKE CHECKS PAYABLE TO: Farmington Hills Ice Arena or FHIA.**  
*Check or money order must equal exact amount of this registration. Returned check fee: \$20.00. Dropped class fee: \$5.00*

VISA/MC: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V Code: \_\_\_\_\_

**MUST BE SIGNED IF CHARGING: X \_\_\_\_\_**

*I agree to pay the above total, according to the card agreement.*

**I understand that by completing this Prepaid Application, I am committing to a minimum of one (1) 50 minute session per week, or the equivalent, for the 38 week figure skating session. I understand that the minimum financial commitment is \$304 (Farmington Hills resident) or \$342 (Non-Resident) and may be attained by any combination of 50 minute and 30 minute sessions. I further understand that if I choose to split my payment in half, I agree to make the payment on the remaining balance no later than December 4, 2009. Only those sessions paid for will be available on my swipe card. No additional invoices or reminders will be sent.**

**Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_**

**RELEASE & LIABILITY WAIVER**

In consideration of being allowed to participate in any way in Farmington Hills Ice Arena (FHIA) programs, related events and activities, the undersigned acknowledges, appreciates and agrees that: 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist; and 2) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately; and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FHIA, City of Farmington Hills, its elected officials, officers, employees, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Date: \_\_\_\_\_ Participants Signature: \_\_\_\_\_**

(Guardian signature for minors)