

2010-2011 Skating Season



www.onyxskatingacademy.com

September 7, 2010 - June 11, 2011

Test Dates

9/22/2010 (Macomb)

10/21/2010 (ONYX)

11/2/2010 (ONYX)

12/15/2010 (Macomb)

1/17/2011 (Onyx)

2/23/2011 (Macomb)

3/1/2011 (ONYX)

4/14/2011 (Onyx)



52999 Dequindre Rd

Rochester MI 48307

248.601.6699

www.onyxicearena.com



2010-2011 Skating Season



Skater Name: _____ D.O.B _____ Sex: _____
(First) (MI) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Mother's Name: _____ Cell or Work: _____

Father's Name: _____ Cell or Work: _____

Emergency Contact: _____ Cell or Home: _____

Coach(es): _____ Highest Freestyle Test Level: _____

USFS #: _____ Home Club: _____ Second Club: _____

Description of On-Ice Levels		Dates not included in Contract
LG	Pre Juv and Below	October 15&16, 2010
G	Any Level	November 24-28, 2010*
PG	Pre PreLim FS Test and up	December 20, 2010 - January 1, 2011*
SRP	Juvenile - Senior FS Test or PreLim Regional Competitive&up	February 5, 2011
SPJ	PreJuv - Senior FS Test	April 1-9, 2011*
S	Juvenile - Senior FS Test	May 2-14, 2011*
Description of Off-Ice		May 27-30, 2011*
Off-Ice	Any level - focus will be on Yoga and Core	June 13-18, 2011 end of Contract Drop-In ice
Ballet	Any level - focus will on Modern Ballet	* drop - in ice may be available

Payment Plans		Payment Information
	Seven Payment Plan	Checks payable to the ONYX ROCHESTER ICE ARENA
One Payment Plan	1st PMT: Due with Contract	If paying by credit card; contract must be paid in full
1st PMT: Due with Contract	2nd PMT: October 15, 2010	\$40 bank fee will be charged for all returned checks
	3rd PMT: November 15, 2010	\$25 late fee will be assessed for late payments
Three Payment Plan	4th PMT: February 15, 2011	\$10 fee will be assessed for changes to contract
1st PMT: Due with Contract	5th PMT: March 15, 2011	NO refund or credit given to deletions to contract
2nd PMT: Due November 15, 2010	6th PMT: April 15, 2011	Drop In Prices
3rd PMT: Due February 15, 2011	7th PMT: May 15, 2011	Freestyle Session = \$14.00 Off - Ice Session = \$8.00

Method of Payment		Contract Total Worksheet	
Cash	Check #	Ice Total:	
Visa or MasterCard	Money Order #	Off - Ice Total:	
Card Number:		Contract Total:	
Exp. Date:	CVV2#:	1st Payment:	
Cardholder Name:		# of Pmts Remaining	
Signature:		Amount per Payment:	



WAIVER / CONSENT / SKATING POLICIES



Please sign and read

- The ONYX—Rochester Ice Arena shall not be liable for any and all claims or actions of any kind whatsoever for injuries, damages or losses of any kind to persons or property which may be sustained in connection with any ONYX activity
- Recognizing the normal risk of skating on ice, I agree to skate at my own risk and to abide by all skating policies established by the Onyx-Suburban Skating Academy, the ONYX management and/or professionals. The ONYX assumes no responsibility for accidents on or off the ice, or damage to personal property
- In the event an emergency situation arises, in which I/we are unable to be contacted or any unavailable for immediate authorization, I/we give permission to _____ or if unavailable, to the ONYX, to arrange for emergency procedures for the contracted skater at a local hospital, or by a physician, and agree to hold all parties harmless
- There will be no refunds, cancelations or deletions to the contract
- The ONYX reserves the right to cancel scheduled events without liability, other than reimbursement credit
- The ONYX is not responsible for lost, late, stolen or misdirected mail
- The ONYX is not responsible for typographical errors
- The ONYX requires that ice contract payments be RECEIVED in the office (NOT POSTMARKED) by the specified date in your ice contract. NO POSTDATED CHECKS. All late payments are assessed a \$25.00 late fee, and the affected skater shall be denied on ice privileges until after their account is brought current with payment of the late charges and contract payments

Injury Policy

If a skater is unable to skate for 30 or more days due to any injury or illness; they may request that their contract be canceled until the skater can resume full skating activities. This request should be in writing with a doctor's letter indicating the extent of the injury, to document the request. The contracted skater is responsible for paying their contracted ice payments.

OSA Skaters Policies

- Skaters must sign in with the monitor before taking the ice for the day and must notify the monitor if not taking the ice
- Skaters must use the lockers rooms A or C when putting skates on, failure to do so may result in denial to begin the session
- Locker rooms and other areas around the arenas are to be left clean and all debris picked up and put in trash containers.
- Sessions will be sold after five minutes, exceptions: Those skaters whose names have been recorded as having to arrive late
- Absolutely no eating, drinking or gum chewing on the ice with the exception of water bottles
- Proper respect must be shown to all Professionals, monitors, off-ice instructors, fellow skaters and parents
- Do not interrupt Professionals while they are in a lesson
- Skaters in a program or lesson have the right of way
- No foul language and show of temper is allowed, kicking the ice is inexcusable and you will be asked to leave the ice
- All skaters are to leave the ice immediately when the session is over
- No I-pods or cell phones are allowed on the sessions
- Ice sessions are for training purposes, any other use such as excessive talking will result in expulsion from the session

Skaters who cannot abide by the above rules may be asked to leave the ice. Their names will be recorded and parents will be called if necessary. Repeated or serious infractions of the rules will be referred to the discipline committee and loss of ice privileges may ensue.

I HAVE READ THE ABOVE RULES AND CONDITIONS, AND AGREE TO ADHERE TO THEM. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR THE FULL PAYMENT OF THIS CONTRACT REGARDLESS OF CIRCUMSTANCE. CONTRACT WILL NOT BE HONORED WITHOUT SIGNATURE(S):

Parent/Guardian's Signature _____ Date _____

Skater's Signature _____ Date _____