

TEEN NIGHT



NEW FOR THE 2019 - 2020 SEASON!

In an effort to encourage early registrations there will be two Registration Fees for all classes.

- An Early Registration Fee All Registration Fees will stay the same amount as the prior season when completed before the first day of a class.
- A Day Of or After Registration Fee Any registrations completed the first day of a class or after will be increased by \$10.00.

Early registration is extremely beneficial to allow the skaters and coaches the best opportunity to maximize their lesson time.

SUNDAY EVENING

Sept. 8, 15, 22, 29, Oct. 6, 13

5:30PM - 6:20PM

- 5:30PM 6:00PM Teens Only
- 6:00PM 6:20PM Shared with Adult Class



A specialty class for teens only to skate and socialize with each other, both on and off the ice. Ice time will consist of a variety of activities including working on skills and elements, choreography, and all skating disciplines. The total class time is 50-minutes on the Main ice broken into 30-minutes of full ice and 20-minutes of cross over with the Advanced Adult class.

DETAILS

- Must be 13 or older and be working on Basic 3 as a minimum skill level.
- 50-minute class held on the Main Ice







ENROLLMENT

Online registration and payment is available at:

http://bgsuicearena.maxgalaxy.net/Home.aspx

Tittp://bgodioo	arena.maxyaraxy.net/	потоловарх
Name		
Birthdate	Gender	Age
Parent/Guardian's Name		
Address		
City	State	Zip
Phone		HOME or CELL
Email		
Skill Level		
Last session enrolled		
\$18 Ice Arena LTS U\$30 BGSC LTS USA directly through the \$70/\$100 BGSC Into (Free Skate & above *Please ask about of membership CLASSES	Membership (Bas BGSC) roduction & Full U e directly through other options if un	ic 3-6, sign up SFS Membership* BGSC) certain about
\$55.00 (10% rate: \$49.50) *10% discou	ınt for each additional class ta	ken in the same session per skater
\$55.00 Sunday 5:30PM		
\$10 Day Of/After Regist	ration	
PAYMENT - Full payment required to Refund Policy: \$10 service before first day of class sho up to end of second class o class. If injury occurs, a refu Method of Payment:	e charge on ALL refun ould a withdrawal be f each session. No re	necessary. 50% refund given funds issued after second
CashCredit Card	Check #	
(Make checks payable to BGSU		

- * Credit card payment can be processed in person at the Ice Arena Pro Shop, over the phone at 419.372.2264 or mailed to the address above. Due to Payment Card Industry compliance, please
- do not fax or email a completed registration form containing a credit card number.
- * Parent/guardian release signature required prior to first lesson.

RELEASE

PARENT/GUARDIAN/ADULT PARTICIPANT: PLEASE COMPLETE THE RELEASE AS INDICATED BELOW.

[,	
of (address)	
City of	
State of, voluntarily desire to enroll myself/my child in the 2019/20 Slater Family Ice Arena Figure Skating Program. I certify th am cognizant of all the inherent dangers, risks and hazards associat with ice skating/hockey. In consideration of being permitted to enroll, I hereby voluntarily assume all risks of accident or injury to n person or property, whether foreseen or unforeseen. I hereby releas Bowling Green State University, and the Slater Family Ice Arena Fig Skating Program, its employees, agents and representatives from a claim, liability, demand or suit of any kind sustained, whether or no caused by the negligence of Bowling Green State University, Slater Family Figure Skating, its employees, agents and representatives. I further agree to indemnify and hold Bowling Green State University its employees, agents and representatives harmless from any claim liability, demand or suit arising out of any alleged malfeasance, misfeasance of nonfeasance arising in connection with Slater Famil Ice Arena Figure Skating. This release shall be binding upon my hei administrators, executors and assigns. Any photographs or video ta by Slater Family Ice Arena Staff are the property of the Slater Famil Ice Arena. I represent that I am of lawful age and legally competent to sign this release; that I understand that the terms herein are contractual; and that I have signed this document as my own free a By signing this release, I certify that I have read and fully understant the conditions herein provided.	ny se juri ny t ', i, ke y nt
X	
Signature of Parent/Guardian/Adult Participant	

FOR MORE INFORMATION, CONTACT:

Laura Fischer

Ice Arena Program Coordinator dunnle@bgsu.edu, 419.372.8686 facebook.com/SlaterIceArena