



**OLYMPIC CENTER  
SKATING SCHOOL**

Skater's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phones: Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_

Any Present Medical Conditions?  No  Yes If yes, explain \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Highest Freestyle Level Passed \_\_\_\_\_

Circle one: US Figure Skating / Skate Canada / other assoc. Membership# \_\_\_\_\_

*Payment for one month of full member package or in full for guest member package must be included with application. Please make checks payable to ORDA. We also accept Master Card, Visa, American Express or Discover. Please fill out the information below exactly as it appears on credit card.*

**FULL MEMBER PACKAGE - \$770 per month**

- ❖ Three 50-minute on-ice classes per week
- ❖ One 50-minute off-ice class per week
- ❖ One 50-minute ballet class per week
- ❖ All open freestyle sessions per day  
*more than 200 hours per month*
- ❖ Olympic Center - Skating Schools seminar at no additional cost
- ❖ 15% discount on private lessons with staff coaches
- ❖ Physiological Evaluations
- ❖ Technical equipment support during lessons

**GUEST MEMBER PACKAGE - \$330/season**

- ❖ 10% discount on private lessons
- ❖ 10% discount on ice time
- ❖ 50% discount on Olympic Center – Skating School seminars
- ❖ Technical equipment support during lessons

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount to be Charged \$ \_\_\_\_\_ Check One: \_\_\_ Master Card \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV Code \_\_\_\_\_

Authorized Cardholder Signature \_\_\_\_\_

**Check here if you would like to give permission for your credit card to remain on file for the purchase of lesson tickets, etc.**

## **Responsibilities of User and Waiver**

The following waiver must be completed before skating.

IN CONSIDERATION of permission granted to me by the Olympic Regional Development Authority to use the following facilities (collectively referred to as the "Sports Facilities") in Lake Placid.

OLYMPIC CENTER (on-ice and off-ice programs)

I expressly acknowledge:

I. USE OF THE SPORTS FACILITIES IS A HAZARDOUS ACTIVITY WHICH COULD RESULT IN PERSONAL INJURY OR DAMAGE. I acknowledge that use of the Sports Facilities is dangerous and I knowingly assume all risks of personal injury or damage I may suffer by using the Sports Facilities. I further acknowledge that since I am using the Sports Facilities at my own risk, the Olympic Regional Development Authority bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the Sports Facilities.

II. I am physically fit and possess the physical strength to meet my responsibilities as a user of the Sports Facilities and I do not suffer from any medical condition that will be affected by my use of the Sports Facilities. Further, I will not use the Sports Facilities under the influence of alcohol and/or drugs.

III. I agree to observe, read and abide by any and all notices as may be posted from time to time by the Olympic Regional Development Authority which may pertain to my responsibilities as a user of the Sports Facilities.

IV. I grant permission to the Olympic Regional Development Authority to utilize my photograph, videotape, motion picture, recording or other record of my use of the Sports Facilities for any business purpose.

V. I acknowledge that the use of the Sports Facilities is a hazardous activity and that I could suffer personal injury, which may be serious.

VI. I hereby expressly acknowledge my understanding and acceptance of the foregoing, and agree to assume all the risks of any personal injuries whatsoever that I may incur during my use of the Sports Facilities on the following dates:  
09/05/06—05/31/07.

I DO FURTHER WAIVE any claim for damages which I may or might have by reason of the injuries sustained by me in such use of the Sports Facilities, and do hereby release and forever discharge the Olympic Regional Development Authority, the Town of North Elba, the State of New York, the Skating Club of Lake Placid, the owners of all facilities and the land, any sponsors, officers, employees, professionals, and instructors thereof, from any claim for damages against them which I may or might have by reason of injuries sustained in the use of the Sports Facilities, or for any other damages sustained in the use thereof.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT Name of Parent or Legal Guardian \_\_\_\_\_

SIGNATURE of Parent or Legal Guardian (if child is under 18) \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_