

ISA Skate 4 Success Registration Form

June 12-13, 2015

Registration Policies & General Information

General: THIS SKATING CAMP HAS BEEN DEVELOPED FOR SKATERS AGE 9 AND UP WHO HAVE QUALIFYING COMPETITION EXPERIENCE OR HAVE PASSED THEIR NOVICE FREESTYLE OR BRONZE DANCE TEST. SKATERS WILL BE PLACED IN GROUPS OF 6-12 SKATERS WITH SIMILAR ABILITY AND SEPARATED BASED ON DISCIPLINE(DANCE,FREESTYLE,ETC.).

Time and Place: CAMP DATES: JUNE 12-13, 2015
CAMP HOURS: FRIDAY 2:00p-6:00p, SATURDAY 8:00a-2:00p
CAMP LOCATION: ARCTIC EDGE ICE ARENA
46615 MICHIGAN AVENUE CANTON, MI 48188

Registration: REGISTRATION WILL BEGIN MARCH 30, 2015. APPLICATIONS AND PAYMENTS MUST BE RECEIVED BY MAY 18, 2015. A 10% LATE FEE WILL BE ADDED FOR APPLICATIONS RECEIVED AFTER THE DUE DATE. CAMP WILL BE CONSIDERED FULL ONCE 100 SKATERS HAVE REGISTERED. A WAIT LIST WILL THEN BE FORMED ON A FIRST COME, FIRST SERVE BASIS. THE INTERNATIONAL SKATING ACADEMY HAS THE RIGHT TO CANCEL THE CAMP IF LESS THAN 40 SKATERS REGISTER. REGISTRATION FORMS SHOULD BE MAILED WITH PAYMENT TO:
ARCTIC EDGE ICE ARENA ATTN: ISA S4SCAMP

46615 MICHIGAN AVENUE CANTON, MI 48188
PLEASE MAKE CHECKS PAYABLE TO: **ARCTIC EDGE ICE ARENA**

Confirmation Letter: CONFIRMATION LETTERS WILL BE SENT TO YOU VIA E-MAIL ONCE THE APPLICATION HAS BEEN RECEIVED WITH PAYMENT. ADDITIONAL INFORMATION AND QUESTIONS CAN BE INQUIRED FROM OUR WEBSITE:
WWW.INTERNATIONALSKATINGACADEMY.COM

Cancellation Policy: THE INTERNATIONAL SKATING ACADEMY HAS THE RIGHT TO WITHHOLD ALL PAYMENT RECEIVED FOR THE CAMP. NO REFUND WILL BE GIVEN UNLESS THE CANCELLATION IS DUE TO A DOCTOR-APPROVED MEDICAL REASON. IN THIS CASE, A REFUND, MINUS 10%, WILL BE GIVEN.

Official Hotel: HOLIDAY INN-CANTON
3950 S LOTZ RD, CANTON, MI 48188 (734)-721-5500

PLEASE COMPLETE ALL INFORMATION. PLEASE PRINT LEGIBLY.

PARENT/GUARDIAN NAME: _____ SKATERS

NAME(S):

1) _____ AGE: _____ LEVEL: _____ DISCIPLINE: _____

2) _____ AGE: _____ LEVEL: _____ DISCIPLINE: _____

3) _____ AGE: _____ LEVEL: _____ DISCIPLINE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ (FOR CONFIRMATION LETTER)

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE NUMBER: (____) _____ . RELATION: _____

REFERRAL: _____

CHOOSE YOUR PACKAGE: (If registering 2 or more children, deduct 15% of total cost)

PACKAGE	PRICE	QUANTITY	TOTAL COST
SATURDAY ONLY	\$250	_____	\$ _____
FRIDAY & SATURDAY	\$325	_____	\$ _____
CHECK TOTAL:			\$ _____

WAIVER CLAIM: THE PARTICIPANT ASSUMES ALL RISKS ASSOCIATED WITH THE PARTICIPATION IN THE CAMP. I AGREE THAT THE INTERNATIONAL SKATING ACADEMY, ITS EMPLOYEES AND INSTRUCTORS SHALL NOT BE LIABLE TO ME AND/OR MY CHILD FOR ANY INJURY OR DAMAGE RESULTING DIRECTLY OR INDIRECTLY FROM MY PARTICIPATION IN ICE SKATING AND OFF ICE TRAINING, WHETHER INCURRED ON THE ICE OR ON THE PREMISES. I GIVE MY CONSENT TO THE INTERNATIONAL SKATING ACADEMY TO TREAT MY SON/DAUGHTER AT THEIR DISCRETION, IN CASE OF ANY EMERGENCY THAT OCCURS DURING CAMP HOURS. THE INTERNATIONAL SKATING ACADEMY RESERVES THE RIGHT TO USE ANY PICTURES AND/OR VIDEO TAKEN DURING THE CAMP FOR RESEARCH, INSTRUCTION, AND/OR ADVERTISING.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____