



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



**41 Week Contract**

**September 4, 2018 – June 14, 2019**

*NO SKATING: October 19, November 22-24, December 24-25, 31, January 1, May 27*

*LIMITED SKATING SESSIONS: October 5-6, 20, January 14, 19, February 11,  
March 22-23, April 26-27, May 3-4, 17-18, and June 7-8*

**PAYMENT INFORMATION**

Prepaid Figure Skating is only available for skaters purchasing the equivalent of two (2) 25 minute sessions, per week, for 41 weeks, minimum of \$369.00 (Farmington Hills Residents) or \$410.00 (non-Farmington Hills Residents). By completing this application for prepaid figure skating, you agree to skate the minimum two (2) 25 minute sessions per week for the 41 weeks (Minimum 82 sessions). You have the option of fulfilling your obligation in full, with one payment, or splitting it into two payments. Application and payment for your visits is due no later than September 4, 2018. If you choose to split the payment, the payment for remaining visits is due no later than December 7, 2018. Please refer to the Prepaid Figure Skating information sheet for additional details. ***Left over sessions WILL roll over ONLY after you purchase the prepaid card for the current session.***

**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:**

Valid Email Address Required - (Notification of schedule changes, visit reminders, and receipts will be e-mailed)

EMAIL: \_\_\_\_\_  Check box if New \_\_\_\_\_

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

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

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

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

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

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

Michigan State Law requires all parents/guardian sign a concussion form.  
Have you signed a concussion information form with FHIA as of 9/1/2014? Yes \_\_\_ No \_\_\_

**RELEASE & LIABILITY WAIVER**

I understand that by completing this Prepaid Application, I am committing to a minimum of two (2) 25 minute sessions per week, or the equivalent, for the 41 week figure skating session (Minimum 82 sessions). I understand that the minimum financial commitment is \$369.00 (Farmington Hills resident) or \$410.00 (Non-Resident). 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 7, 2018. Only those sessions paid for will be available on my swipe card. No additional invoices or reminders will be sent.

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: \_\_\_\_\_  
*REQUIRED* (Guardian signature for minors)

**PHOTO/VIDEO AUTHORIZATION** – By signing below and submitting this registration, I hereby give my consent for the City of Farmington Hills to use, without compensation to me or anyone else, photographs and video and audio recordings of myself and my minor children, if any, participating in the events, activities, programs and classes identified above the future City of Farmington Hills community brochures, newsletters, flyers, advertising, City-sponsored website postings, and local cable channel programming.

Date: \_\_\_\_\_ Participants Signature: \_\_\_\_\_  
*OPTIONAL* (Guardian signature for minors)

**PREPAID FIGURE SKATING PAYMENT INFORMATION**

**You must specify the number of 25 minute sessions you expect to use. To receive the discount rate you must meet the minimum requirement of \$369.00 (resident) or \$410.00 (non-resident). NO REFUNDS**

**Enter the number of visits you are paying for with this form under Payment #1. Payment #2 is due by Dec 7**

Farmington Hills Residents	# of Sessions	Sub Total
PAYMENT #1 25 Min. session \$4.50	# _____ (Min 41) x \$4.50 = _____	<b>DUE NOW</b>
PAYMENT #2 25 Min. session \$4.50	# _____ (Min 41) x \$4.50 = _____	<b>Due by Dec 7</b>
	<b># Must be ≥ 82</b>	<b>Total: \$ _____ Must be ≥\$369.00</b>

(Includes Farmington) Non- Farmington Hills Residents	# of Sessions	Sub Total
PAYMENT #1 25 Min. session \$5.00	# _____ (Min 41) x \$5.00 = _____	<b>DUE NOW</b>
PAYMENT #2 25 Min. session \$5.00	# _____ (Min 41) x \$5.00 = _____	<b>Due by Dec 7</b>
	<b># Must be ≥ 82</b>	<b>Total: \$ _____ Must be ≥\$410.00</b>

CASH  CHECK  # \_\_\_\_\_ **MAKE CHECKS PAYABLE TO: City of Farmington Hills.**  
*Check or money order must equal exact amount of this registration. Returned check fee: \$30.00.*

**AMEX/DISCOVER/ MC/VISA:**

\_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ V Code: \_\_\_\_\_  
 X X X X - X X X X - X X X X - X X X X  
 MM/YY

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

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