



## MEMORANDUM FOR 2017-18 SCNV CLUB ICE SESSIONS

SCNV is pleased to announce that registration for Club Ice sessions for the 2017-18 season is now open. SCNV will continue to offer premium ice time on **Monday evenings**, including two freestyle sessions and a Virginia Ice Theatre of Fairfax session, as well as a freestyle session on **Sundays**. Session fees are based on the rate charged to SCNV by Fairfax Ice Arena, which has increased significantly this season. SCNV has made every effort to keep Club Ice costs as low as possible for our members.

All freestyle sessions are limited to 22 skaters per session, and skaters must be ISI Freestyle 2 or higher in order to subscribe. **For skaters under 18, including Virginia Ice Theatre of Fairfax skaters, a parent must also be a current member of SCNV in order to contract Club Ice.** Parents should join as a Subsequent Family member at a discounted rate. To join, please visit: <http://www.scnv.org/Membership&Testing>. Please note that Learn to Skate USA (Basic Skills) members are not eligible to subscribe to Club Ice.

### **Benefits of Full Membership**

SCNV members who subscribe to Club Ice are designated as “Full Members” during their subscription period. Benefits of Full Member status include eligibility for Club trophies and scholarships, first priority placement on Club test sessions and free achievement badges, and first priority for pick-ups on Club Ice sessions to which they are not subscribed.

### **Enrollment Priority**

Subscriptions are accepted on a first come, first serve basis. The date payment is received, either by online payment or through the mail, determines priority for subscription requests. If the session is full at the time of your subscription request, your payment will be refunded and you’ll be placed on a waiting list.

### **Contractual Obligation**

By signing up for an SCNV Club Ice session, you are contracting to pay for that session in its entirety. **There will be no refunds except in cases of extraordinary circumstances approved by the Board.** This contractual obligation applies to the purchase of ice for all SCNV freestyles. Failure to pay ice fees will result in the loss of all ice, test, and competition privileges and may result in loss of SCNV and U.S. Figure Skating membership. If you wish to try out a Club Ice session before making the commitment to subscribe, please note that members may pick-up Club freestyle sessions at a cost of \$18.00 per session, space permitting.

### **Club Ice Policies and Freestyle Session Rules**

Before subscribing, please review all Club Ice policies and rules for Club freestyle sessions in the SCNV Season Book, which is posted on the “About Us” page on [www.scnv.org](http://www.scnv.org).

## Club Ice Schedule & Fees

### **Sundays from September 10, 2017 through June 17, 2018\***

11:15 AM – 12:00 PM	Freestyle (FS Sun) <b>30 sessions</b> – 45 minutes each	<b>\$435.00</b>
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### **Mondays from September 11, 2017 through May 28, 2018\*\***

7:25 – 8:05 PM	Freestyle (FS1) <b>36 sessions</b> – 40 minutes each	<b>\$468.00</b>
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8:05 – 8:45 PM	Freestyle (FS2) <b>36 sessions</b> – 40 minutes each	<b>\$468.00</b>
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8:45 – 9:45 PM	Virginia Ice Theatre of Fairfax (VITOF) Practice <i>Payment to be made directly to VITOF</i>	
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*\*There will be no Sunday Club Ice on December 10, 17, 24 and 31, 2017 and on the following dates in 2018: January 28, March 18, April 8/15/22/29, and May 6.*

*\*\*There will be no Monday Club Ice on December 18 and 25, 2017.*

## Register for Club Ice – Two Payment Options

### **Option 1: Pay Online**

1. Process payment through the SCNV Membership & Testing site (Entryeeze) under the **Merchandise** section: <http://www.scnv.org/Membership&Testing>. (A 3.5% convenience fee will be added to each online transaction.)
2. Complete the contract AND medical release on pages 3 and 4 of this PDF. Submit to SCNV Mailbox (at Fairfax Ice Arena) or via mail to: Emily Desjardins, Sessions Chair, 6306 Bridgeton Court, Springfield, VA 22152, along with a **copy of your payment receipt**.

### **Option 2: Pay by Check/U.S. Mail**

1. Complete the contract AND medical release on pages 3 and 4 of this PDF.
2. Submit along with appropriate payment, making checks payable to SCNV, via U.S. mail to: Emily Desjardins, Sessions Chair, 6306 Bridgeton Court, Springfield, VA 22152. Please **DO NOT PUT CHECKS IN THE SCNV MAILBOX** at Fairfax Ice Arena.

## Installment Payments

There is an installment plan available for payment of Club Ice freestyle sessions. Please see the contract on the next page for details.

# Skating Club of Northern Virginia

## CONTRACT FOR PURCHASE OF ICE TIME

This CONTRACT is for subscribing to Club Ice sessions as described in the 2017-18 SCNV Club Ice Sessions memorandum. All sessions are held at Fairfax Ice Arena on either Sundays (beginning September 10, 2017 and ending June 17, 2018) or Monday evenings (beginning September 11, 2017 and ending May 28, 2018). No Monday sessions are scheduled on December 18 and 25, 2017. No Sunday sessions are scheduled on December 10, 17, 24 and 31, 2017; and the following dates in 2018: January 28, March 18, April 8/15/22/29, and May 6.

*Please submit a separate contract per skater.*

1. Skater Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USFS#: \_\_\_\_\_  
Highest Test Levels: MITF \_\_\_\_\_ Freestyle \_\_\_\_\_ ISI \_\_\_\_\_ Coach: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. For skaters under 18 years of age, a parent or guardian must be a current member of SCNV. Please fill in the following:

Parent/Guardian Name: \_\_\_\_\_ USFS#: \_\_\_\_\_

3. Select desired session(s) by checking the box  [Full payment] [Installation payments]

		100%	#1	#2	#3
<input type="checkbox"/> Freestyle Sunday Sept-Jun	11:15am-12:00pm	\$435.00	174.00	130.50	130.50
<input type="checkbox"/> Freestyle 1 Monday Sept-Jun	7:25pm-8:05pm	\$468.00	187.20	140.40	140.40
<input type="checkbox"/> Freestyle 2 Monday Sept-Jun	8:05pm-8:45pm	\$468.00	187.20	140.40	140.40
<input type="checkbox"/> Virginia Ice Theatre of Fairfax	8:45pm-9:45pm	payments to be made directly to Virginia Ice Theatre of Fairfax			

4. Payment Options ( Check and submit appropriate payment with contract)

- Option #1: 100% due with contract  
 Option #2: Payment #1 due with contract, #2 due 12/1/2017, #3 due 2/1/2018

TOTAL Amount Paid: \_\_\_\_\_  Check  Online at [www.scnv.org/Membership&Testing](http://www.scnv.org/Membership&Testing)

5. Payments may be made by check via US Mail or online credit card payment via [www.scnv.org/Membership&Testing](http://www.scnv.org/Membership&Testing) (under Available Merchandise) Spots for each session are limited to 22 skaters and are filled on a first come basis by payment date (online or US Mail receipt). **DO NOT PUT CHECKS IN THE RINK MAILBOX.** Remit check payments (payable to SCNV) and contract to:

SCNV Sessions Chair, Emily Desjardins, 6306 Bridgeton Court, Springfield, VA 22152

### CONTRACTUAL OBLIGATION (Must be signed by all Adult Full Members or the Parent Member of Junior Full Members)

I, the undersigned, understand that I have made a contractual commitment to pay for ALL SCNV Freestyle sessions that I have purchased and that this commitment is for the duration of the season (through June 2018). Since SCNV has reserved a place for me, or my child, I may not be released from this contractual obligation. I understand that there will be no refunds and ice time cannot be substituted, transferred, or resold. I agree to be responsible and pay promptly for all Club Ice contracts and drop-in ice booked by the skater named above or myself, in order to remain in good standing as a member of the SCNV.

In consideration of the benefits to us awarded by acceptance of this application, I agree to hold and save harmless the Skating Club of Northern Virginia, Inc., its agents, its board and its officers for any claims or demands arising out of any accidents and injuries during skating sessions or other Club sponsored activities, or for loss of personal property. I also agree to abide by all SCNV rules as well as the rules and guidelines set forth in the latest edition of the USFSA Rulebook and the SCNV Season Handbook. I further understand that failure to abide by these rules may result in the loss of Club membership and the skater's suspension, without reimbursement, from Club Ice sessions for repeatedly breaking those rules.

If I have chosen to make payments by installments, I agree to the payment policy of the SCNV. Installment payment of ice fees is a privilege, which must not be abused. The Treasurer must receive all payments by the dates listed above. Members delinquent in their payments will be charged \$10.00 per week the payment is delinquent and will be refused test, ice and competition privileges.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Please make a copy of your completed contract for your records. \*\*\*\*



# Skating Club of Northern Virginia Medical/Emergency Treatment Release

I, \_\_\_\_\_, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment, which is his/her judgment may be deemed necessary in the care of:

Skater's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Please give us the names of two responsible persons to call if you cannot be reached in an emergency:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Skater Information: Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber Name/Relationship to Skater: \_\_\_\_\_

Adult Skater or Parent/Guardian Signature

Date