

## Physical Therapy Edge 2009 Summer Figure Skating Off-Ice Program @ the Albany County Hockey Facility, July 28 to September 3

Skater's Name	Age
Address	Skating Level
Email	Coaches
Parent's Name	Phone(s)

**Indicate Choice of Evaluation**  
**YOU MUST COMPLETE ONE OF THE EVALUATIONS TO PARTICIPATE IN OFF ICE PROGRAM**  
 ✓ Christine Cedilotte will contact you to schedule your evaluation.  
 ✓ She can be contacted at 518 356-5718 or PhysicalTherapyEdge@hotmail.com

Comprehensive Evaluation	\$75/1 Hour	\$
Short Evaluation	\$50/40 Min	\$

**Group Class Programs**  
 ✓ Packages run for six weeks. If space is available, 2 make-ups can be prearranged 24 hours prior to class.

Package	Group Class	Time	√ Choice	Package Price	Fees
<b>Tuesday Package</b> 7/28, 8/4, 8/11, 8/18, 8/25, 9/1	Group Fitness Strength & Conditioning	2:50 - 3:30		\$ 80	\$
		3:50 - 4:30		\$ 80	\$
	Dynamic-Warm Up	3:30 - 3:45		\$ 40	\$
		4:30 - 4:45		\$ 40	\$
	Cool-Down	5:05 - 5:20		\$ 40	\$
		6:05 - 6:20		\$ 40	\$
<b>Thursday Package</b> 7/30, 8/6, 8/13, 8/20, 8/27, 9/3	Group Fitness Strength & Conditioning	2:50 - 3:30		\$ 80	\$
		3:50 - 4:30		\$ 80	\$
	Dynamic Warm Up	3:30 - 3:45		\$ 40	\$
		4:30 - 4:45		\$ 40	\$
	Cool-Down	5:05 - 5:20		\$ 40	\$
		6:05 - 6:20		\$ 40	\$

**Subtotal Cost**      \$ \_\_\_\_\_

**Total Due Including Cost of Evaluation**      \$ \_\_\_\_\_

**Pre-Registration for Buy-On sessions**  
 ✓ Pre-Registered Buy-On registrations accepted at a space available basis.

Buy On	Group Class	Times	Indicate Dates Attending	\$/class	Amt Due
<b>Tuesdays and Thursdays</b>	Group Fitness Strength & Conditioning	2:50 - 3:30		\$15 X	
		3:50 - 4:30		\$15 X	
<b>7/28 - 9/3</b>	Dynamic-Warm Up	3:30 - 3:45		\$8 X	
		4:30 - 4:45		\$8 X	
	Cool-Down	5:05 - 5:20		\$8 X	
		6:05 - 6:20		\$8 X	

**Subtotal Cost**      \$ \_\_\_\_\_

**Total Due Including Cost of Evaluation**      \$ \_\_\_\_\_

Make checks payable to Christine Cedilotte & mail with completed registration form, Emergency Consent & Release of Liability Agreement to:

Christine Cedilotte  
 Physical Therapy Edge  
 2083 Rosedale Way  
 Schenectady, NY 12303

**Physical Therapy Edge**  
**Christine M. Cedilotte, PT, DPT, MS**

**Important**

- ✓ Remember all skaters must complete either the individual comprehensive or short evaluation before attending a group class.
- ✓ Payment must be received before start of each class.
- ✓ Minimum class enrollment is 4, maximum is 10.
- ✓ A 24 hour notice is needed for cancellation of a class to receive credit toward a makeup.
- ✓ If you are interested in 1:1 training or 2:1 training, contact Christine Cedilotte to setup a time.
- ✓ Please call 518-356-5718 or email PhysicalTherapyEdge@hotmail.com with any questions.
- ✓ Christine Cedilotte will contact you to set up an appointment for your initial evaluation.

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**Emergency Consent /Liability Form**  
**Summer 2009**

**In Case of Emergency Consent for Medical Attention and Treatment**

In the event of an emergency, injury, or illness affecting \_\_\_\_\_,

Please contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

I/We hereby give permission to obtain professional medical attention.

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Signature of Skater of Parent/Guardian if the skater is under 18 years

**Assumption of Risk and Release of Liability Agreement**

I, the undersigned, assume all responsibility for and all risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of Christine M. Cedilotte, PT, DPT, MS. I request to participate and hereby release all claims and liabilities. I will hold harmless and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family.

I have read, understand, and signed the foregoing assumption of risk and release of liability agreement.

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Signature of Skater

Date

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Signature of Parent/Guardian

Date