



Winter 2012 Ice Packages

January 5 - March 9

The following apply:

- 1 **Member Rates:** for Albany Figure Skating Club members in good standing; skater purchases all sessions in the package and receives the best hourly rate.
postmarked by 12-27-11.
- 2 **Buy-on Purchase:** for any member or non-member skater, buy-on at rink, on a space available basis. Skater must check in with session supervisor before entering ice. Buy-ons - \$18 for 1 hour.
- 3 **½ Session Package Purchase:** restricted to skaters age eight or less. Skater purchases ½ of session at rate of one-half of purchase price of member or open registration. You must indicate which half hour you are purchasing on the registration form.
- 4 For the safety of everyone on the ice, skaters must be >8 years old, Delta level or above, or in a lesson.
- 5 After the first week of package ice has elapsed, the package remainder will not be sold on a prorated basis; buy-on purchases will be available if space is available.
- 6 There are no refunds with package purchases except as described in AFSC policy.
- 7 Two complimentary make-up ice session is provided for all Thursday and Friday packages purchased, for missed ice time, no exceptions; rules follow:
 - a. A skater may make up a missed session on any session, space permitting; this is coordinated with the session supervisors.
 - b. The amount of time made up must coincide with what is purchased. This is coordinated through the session supervisors.
 - c. All make-up sessions must occur on Winter 2012 ice; there will be no carry-over to a subsequent freestyle ice package.
- 8 All skaters, including buy-ons, must have a **current Authorization for Medical Treatment waiver** on file (forms available at rink from the session supervisor).
- 9 **After skating on AFSC ice 3 times in a Club Year (July 1, 2011 - June 30, 2012) a skater must be or become a member in good standing of Albany Figure Skating Club.** This is a new policy.

Please call Tedi Coleman at 439-4244 with questions.

ALBANY FIGURE SKATING CLUB WINTER 2012 APPLICATION

Skater Name: _____

							Total \$
Thursday (10 weeks)							
Time	5-7	5-6:30	5:30-7	5-6	5:30-6:30	6-7	
AFSC member rates	\$200	\$180	\$180	\$120	\$120	\$120	
available to supervise (please circle one)	5-6 6-7	5-6 5:30-6:30	5:30-6:30 6-7				
*Which dates would a parent/guardian be available to supervise? (please x out any dates not available)	January 5, 12, 19, 26 February 2, 9, 16, 23 March 1, 8						
Friday (10 weeks)							
Time	4-6	4-5:30	4:30-6	4-5	4:30-5:30	5-6	
AFSC member rates	\$200	\$180	\$180	\$120	\$120	\$120	
available to supervise (please circle one)	4-5 5-6	4-5 4:30-5:30	4:30-5:30 5-6				
*Which dates would a parent/guardian be available to supervise? (please x out any dates not available)	January 6, 13, 20, 27 February 3, 10, 17, 24 March 2, 9						
Total							

*In keeping with AFSC policies, if there is not a volunteer to be supervisor for the entire session, all package purchasers are responsible for making sure there are session/music supervisors for each day of the session. To the extent possible, we work to accommodate all schedules. In order to help us do that, please indicate which 1-hour timeslot for the session you are purchasing is the best for you to supervise. Choosing which hour does not mean you will have to supervise every session but lets us best accommodate your schedule. **We depend on volunteers to make these sessions a success.**

PLEASE FILL OUT COMPLETELY BEFORE MAILING

Skater Name: _____

Member Albany FSC? Yes No

USFS # and expiration date: _____

Parents/Guardians Names: _____

Phone #: _____ email: _____

In case not all dates are covered by session/music supervisors, I understand that by purchasing a package, I am agreeing to provide coverage, if needed. If you are assigned a date you are responsible for covering that time. You must either complete the supervisor duties or find a replacement. Failure to do so will make your skater ineligible for future AFSC freestyle packages.

Signature: _____

Remit package registration with full payment with check payable to AFSC to:

**Tedi Dawn Coleman
46 Carstead Dr.
Slingerlands, NY 12159**