



2018 Figure Skating Academy Schedule

December

Name: _____

REGISTRATIONS DUE NOVEMBER 22, 2018.

(Please circle desired sessions)

MON	TUE	WED	THU	FRI	SAT
Schedule Guide					1
FS - Freestyle Session		AXEL- Axel Class		* DENOTES OFF ICE CLASSES	
HS-FS: Holiday Show Freestyle Session		PW - Power/Stroking Class			
STARS - USFS STARS Combine Training (2 session credits)					6:30-7:15 am FS (H)
ST/CD- Strength and Conditioning Class					7:15-8:00 am FS
					8:00-8:45 am FS
					8:45-9:15 am PW (H)
					*9:20-10:20 am STARS (H)
					9:30-10:15 am FS (L)
					10:15-10:30 am PW (L)
CLASS & SESSION LEVELS:					
FS/PW/STARS High (H): Completed Pre-Preliminary Free Skate or Preliminary Moves in the Field Test and above					
FS/PW Low (L): Snowplow Sam 2- Pre-Preliminary Moves in the Field Test					
AXEL: Completed Free Skate 4 and above					
HS-FS: Open to ALL levels participating in the Edge Holiday Show (Solos, duets, trios, small ensembles)					
All sessions/classes without level designation are open to Basic 4 and above.					
3	4	5	6	7	8
6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:30-7:15 am FS (H)
6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	7:15-8:00 am FS
7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	8:00-8:45 am FS
8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:45-9:15 am PW (H)
					*9:20-10:20 am STARS (H)
4:15-5:00 pm FS	4:15-5:00 pm FS (H)		4:15-5:00 pm FS (H)		9:30-10:15 am FS (L)
5:00-5:45 pm FS	5:00-5:45 pm FS		5:00-5:45 pm FS		10:15-10:30 am PW (L)
	6:00-6:30 pm AXEL				
10	11	12	13	14	15
6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:30-7:15 am FS (H)
6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	7:15-8:00 am FS
7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	8:00-8:45 am FS
8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:45-9:15 am PW (H)
					*9:20-10:20 am STARS (H)
4:15-5:00 pm FS	4:15-5:00 pm FS (H)		4:15-5:00 pm FS (H)	3:30-4:15 pm HS-FS	9:30-10:15 am FS (L)
5:00-5:45 pm FS	5:00-5:45 pm FS		5:00-5:45 pm FS		10:15-10:30 am PW (L)
	6:00-6:30 pm AXEL				
17	18	19	20	21	22
6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:00-6:45 am FS	6:30-7:15 am FS (H)
6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	6:45-7:30 am FS	7:15-8:00 am FS
7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:30-8:15 am FS	8:00-8:45 am FS
8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:45-9:15 am PW (H)
					*9:20-10:20 am STARS (H)
4:15-5:00 pm FS	4:15-5:00 pm FS (H)		4:15-5:00 pm FS (H)		9:30-10:15 am FS (L)
5:00-5:45 pm FS	5:00-5:45 pm FS		5:00-5:45 pm FS		10:15- 11:00 am FS
	6:00-6:30 pm AXEL				11:00-11:45 am FS
24	25	26	27	28	29
7:45-8:30 am FS	CLOSED CHRISTMAS DAY	7:45-8:30 am FS	7:30-8:15 am FS	7:30-8:15 am FS	7:15-8:00 am FS (H)
8:30-9:15 am FS		8:30-9:15 am FS	8:15-9:00 am FS	8:15-9:00 am FS	8:00-8:45 am FS
9:15-10:00am FS		9:15-10:00am FS	9:00-9:30 am SP	9:00-9:30 am JP	8:45-9:15 am PW
10:15-11:00am FS		10:15-11:00am FS	9:45-10:15 am ET	9:45-10:15 am PW	9:30-10:15 am FS (L)
11:00-11:45am FS		11:00-11:45am FS	10:15-11:00 am FS	10:15-11:00 am FS	10:15- 11:00 am FS
			11:00-11:45 am FS	11:00-11:45 am FS	
				12:00-12:30 am ST/CD	
31					
7:30-8:15 am FS					
8:15-9:00 am FS					
9:00-9:30 am JP					
9:45-10:15 am PW					
10:15-11:00 am FS					
11:00-11:45 am FS					

2018 Figure Skating Academy December Registration

Skater's Name: _____ Coach: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____
Emergency Contact: _____ Phone: _____
Highest test passed – Free Skate: _____ MIF: _____ Dance: _____

Academy Fees:

40+ sessions/classes per month: \$7.65/ session Low Power Class: \$4.50/class
30-39 sessions/classes per month: \$8.10/session
20-29 sessions/classes per month: \$8.55/session
15-19 sessions/classes per month: 8.75/session (NEW!)

Financial Information:

Total # of class/sessions per month _____ X \$ _____ = \$ _____
Total # of Low Power classes per month _____ X \$4.50 = \$ _____
Total Amount Due = \$ _____

Figure Skating Academy Policies

- 1) **Minimum registration form requirement 15 sessions. Walk-in/Call-in, day of only, available for less than 15 sessions.**
- 2) Academy ice time/classes are open to all skaters **USFS Basic 4 or above unless otherwise designated.**
- 3) Registration ice time is filled on a first come, first serve basis. Sessions are full at 22 skaters and classes at 25 skaters. **NO EXCEPTIONS.** Skaters requesting sessions that are full will be notified and offered a transfer or credit.
- 4) **All Registrations are due by the close of business on the 22nd of the previous month and will only be accepted with full payment at the Edge Ice Arena front desk.**
- 5) Walk-in/Call-in, day of only, ice time is \$9.00 per session. There are no credits or transfers.
- 6) Session transfers within the current month will be allowed if submitted in writing, via email, **36 hours in advance** and space is available. Transfer requests should be sent to **BOTH acarr@fhprd.org and nkraft@fhprd.org**. E-mail confirmation will be sent for all transfers.
- 7) **No credits or refunds will be given for unused sessions/classes without 36 hours notice.**
- 8) Skaters that are required to refrain from skating due to injury based on a doctor's request will receive **credit only** for unused sessions/classes. Skaters must submit a note from the doctor stating the injury and the number of days skater needs to refrain from skating. The note must be submitted along with a note from the parent/guardian to the Skating Director within 48 hours of the injury. Credit requests should be sent to **acarr@fhprd.org**.
- 9) **All skaters, parents and coaches must abide by the Edge Figure Skating Rules and Regulations as well as adhere to the Foothills Park and Recreation District Code of Conduct.**

I have read and understand the above policies:

Signature of Participant or Parent/Guardian if under 18

Date

STAFF USE ONLY

TOTAL AMOUNT DUE: _____ DATE RECEIVED: _____ STAFF INITIALS: _____
PAYMENT METHOD: CASH CREDIT CARD CHECK # _____