

# 2023-2024 Registration & Authorization

Skating Club of Central New York  
5575 Meltzer Court, Suite 9, Cicero, NY 13039

Name:	Birth Date:	US Figure Skating Member Number:
Street:	City:	State & Zip:
Parent/Guardian Name:	Email:	Emergency Contact:
Home Phone:	Work Phone:	Cell Phone:
Main Coach:	Home Club:	<input type="checkbox"/> Junior <input type="checkbox"/> Full club / Affiliate <input type="checkbox"/> Non-home club <input type="checkbox"/> Collegiate

The use of MACC/Cicero Twin Ice Rinks could result in personal injury. The parent and/or guardian or skater if over 18 assumes all risks of personal injury or damage to the skater and/or his/her property that he/she may suffer by using the MACC/Cicero Twin Ice Rinks. The parent/guardian/skater further acknowledges that since they or their child is using the MACC/Cicero Twin Ice Rinks at their own risk, the Skating Club of CNY bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the MACC/Cicero Twin Rinks. As parent/guardian or skater over 18, I expressly acknowledge any injuries whatsoever that my son/daughter or I may incur during the use of the MACC/Cicero Twin Rinks/Skating Club of CNY skating sessions.

Parent or Skater over age 18 signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Package Payments:** A package is a minimum of one session per week purchased during the skating package block. In order to receive the session rate, you must purchase the minimum number of sessions, either; 15, 30, 45 minutes, 1 hour, 1 ½ hour or 2 hour sessions. Packages purchased without the minimum number of sessions will be charged the walk on rate. The sessions can be used at any time during that block. Unused sessions will not carry over to future blocks. You may add to your package at any time. The skating blocks vary slightly in length. Home Club members and guest skaters may purchase packages. Only full home club skaters are eligible for package discounts.

**Package payment must be paid at the time of submission of this ice package form to the SC of CNY. Packages, club days and club hours are subject to change throughout the season.**

**Walk on Fee:** Skaters without packages will pay **\$20** for a 45 minute session, **\$25** for a 1 hour session, **\$32** for a 1 ½ hour session and **\$37** for a 2 hour session. ( rates subject to change)

**Sessions:** All sessions are “open” to any skater **pre freeskate level and above**. Any skater under the pre free skate level will be allowed to skate on club ice in a lesson only. *Any exception to this must be granted by the SCCNY Board.*

**US Figure Skating Membership:** All skaters must be registered with a US Figure Skating Club to skate on our ice. Please provide a current USFSA # in the box above.

**Check our Facebook page, web site and the club desk in the rink lobby for any ice schedule changes or other club information and updates.**

**Before you step on the ice, be sure to check in at the club desk to let them know your name and the sessions you are skating.**

# Authorization

## MEDICAL TREATMENT OF MINORS

NAME OF MINOR	BIRTHDATE	IDENTIFY ALLERGY OR SPECIAL CONDITION

**Skating Club of CNY 5575 Meltzer Court Cicero, NY 13039**

**I \_\_\_\_\_, name the Skating Club of CNY to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization on for the above named minor(s) during the period of my/our absence, from: July 1, 2021 - June 30, 2022. This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_**

**Insurance Carrier \_\_\_\_\_ Group/Policy# \_\_\_\_\_**

**FAMILY PHYSICIANS**

**Name \_\_\_\_\_ Phone \_\_\_\_\_**

**Name \_\_\_\_\_ Phone \_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION**

**Student Name: \_\_\_\_\_ Age: \_\_\_\_\_**

**Parent 1: \_\_\_\_\_ Cell # \_\_\_\_\_**

**Parent 2: \_\_\_\_\_ Cell # \_\_\_\_\_**

**Guardian: \_\_\_\_\_ Cell # \_\_\_\_\_**

**Person other than parent to contact in case of emergency:**

**Name: \_\_\_\_\_ Phone # \_\_\_\_\_**

**Relationship to child: \_\_\_\_\_**