

**2017-2018 Arctic Snowflakes  
Synchronized Skating Team  
Registration Form  
Due September 16, 2017**

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

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

Parent's Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Highest Class/Test Passed  
ISI: \_\_\_\_\_ USFS: \_\_\_\_\_

ISI Number: \_\_\_\_\_

**Total Costs**

**Sapphire Team: \$993**

**Diamond Team: \$1112**

**Down Payment of \$150 is due by  
September 16, 2017.**

**Remaining Balance is due on  
Saturday, September 30<sup>th</sup> unless you set  
up monthly payment arrangements  
with Jordan McWayne.**

Total Paid: \_\_\_\_\_

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

Staff Initial: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

**Parent/Volunteers Needed**

Please indicate your interest in these positions on your child's registration form.

**Team Managers:** 1 for each team needed. This person will work with Kristan and be the liaison between parents and coaches. This person will also distribute all communications between coaches and parents.

**Travel Coordinator:** This person will work with the Kristan to secure hotel reservations for all teams. This person will also distribute maps and directions to all.

**Public Relations:** This person will work with the Arena General Manager to generate publicity for the teams. This person will work with the coaches to schedule a team photo day. This person will also send photos of participating teams to ISI for the Winter Classic and Synchro Nationals Program Book.

**Fundraising:** This person will plan and coordinate fundraising efforts for all teams, and will work with the Arena General Manager for distribution of funds raised for each team member.

**Meet Our Coaches**

**Skating Director: Kristan Hausman**  
Graduate of The Ohio State University, 11 years teaching experience including 9 years synchronized skating, skated at the collegiate level as an individual competitor and in synchronized skating, ISI Gold Certified Judge and Synchro Certified Judge.

**Amber Engert**  
Graduate of The Ohio State University, 14 years synchronized skating experience, skated at the collegiate level in synchronized skating, ISI Gold Certified Judge and Synchro Certified Judge.

**Ashley Engert**  
Ashley has 10 years of synchronized skating experience, and was even a snowflake herself!

**Our Philosophy is simple**

At the Lou & Gib Reese Ice Arena, we strive to encourage participation in all aspects of ice skating! We want to provide a fun, affordable, and memorable experience while participating in programs at our arena.

**While participating in the Arctic Snowflakes Synchronized Skating Team, your skater will make new friends, build their skating skills, and learn the importance of good sportsmanship and teamwork.**

**Synchronized Skating**

**2017-2018**



936 Sharon Valley Road  
Newark, Ohio 43055  
740-349-6784  
[www.newarkicearena.com](http://www.newarkicearena.com)

Registration Form, Commitment contract and \$150 down payment due by Saturday, September 16.

Balance of payment due September 30, 2017

(Scheduled Payment Arrangements may be made in advance with General Manager Jordan McWayne.)

Included:

- 30 On-Ice Practices
- Off ice instruction day of performance
- ISI Membership Fee
- 1 costume
- 1 pair of tights (girls only)
- Team T-Shirt
- Competition Entry Fees and Coaches Fees

Not Included:

- Transportation, hotel and travel expenses
- Team Jacket and Warm-up pants
- Make-up
- Skate Bag

Sponsorship and Fundraising opportunities exist to reduce skater costs. Any funds raised by the team for the 2017-2018 Season will be used towards miscellaneous expenses such as makeup, team photos, and the end of the year party.



**Come Join our Circle of Friends!**

Synchronized skating is the newest team sport on the ice! Teams consist of 10-24 skaters of similar age and skating ability. Synchronized skating combines all aspects of figure skating, while performing formations in an exciting program to music.

**Two Teams may be formed!**

**The Sapphire Team:** Will be formed of skaters ages 4 and older who have passed the ISI Alpha Test, or with permission from the coaching staff.

**The Diamond Team:** Will be formed of skaters invited by audition and/or the coaching staff who have passed the ISI Freestyle 1 test and demonstrated strong synchro basics.

*In order to meet a minimum of 8 skaters per team, some skaters may be asked to skate on both teams.*

**Practice Calendar (subject to change):**

September: 9, 16, 23, 30

October 7, 14, 21, 28

November: 4, 11

December: 2, 9, 16

January: 6, 13, 20, 27

February: 3, 10 (and 1 TBD)

March: 3, 17, 24 (and 1 TBD)

April: 7, 14, 21, 28

May: 5, 12

Regular Season Practice will be on Saturdays beginning September 9<sup>th</sup>

**\*\* Practice Time\*\***  
**9:30-10:30am**

**Sapphire Team Calendar**  
**Competitions/Performances**

December 17	Holiday Show, LGRIA
February 2018	ISI Winter Classic, Miami
March 10-11, 2018	ISI Competition, LGRIA
April 2018	ISI Synchro Champs, Chicago*
May 18-19, 2018	Spring Ice Show, LGRIA

**Diamond Team Calendar**  
**Competitions/Performances**

November 2017	ISI Competition in Findlay, OH
December 16	Holiday Show, LGRIA
February 2018	ISI Competition in Oxford, OH
March 10-11, 2018	ISI Competition, LGRIA
April 2018	ISI Synchro Champs, Chicago
May 18-19, 2018	Spring Ice Show, LGRIA

**PARTICIPANT RELEASE OF LIABILITY AND COMMITMENT CONTRACT**

**READ BEFORE SIGNING**

Participant Name, Age & Birthdate

Address (Street, City, State, Zip)

Parents or Guardians Name (Please Print)

Emergency Contact Name and Phone  
(if different then parent or Guardian)

By signing below you are making a commitment to the Arctic Snowflake team for 8 (eight) months, to participate in 95% of practices and participate in all competitions and shows.

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE Lou & Gib Reese Ice Arena, Newark Sports and Events Commission, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

In addition, I also give permission for my child to be photographed and that photograph to be used in Arena promotion and advertising.

Participant's Signature

Date

Parent's Signature

Date