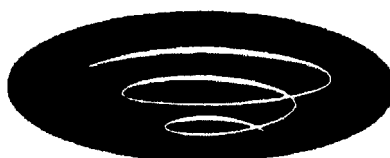


BRAEMAR

2010-2011 SKATING PROGRAM SCHOOL-YEAR ICE CONTRACT



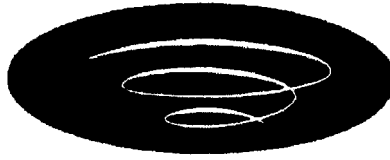
**SEND COMPLETED FORMS TO:
BCLFSC
c/o Ice Coordinator
P.O. Box 390301
Edina, MN 55439-0301**

**Application Due To Ice Coordinator by:
Friday, August 6, 2010**

Braemar Professional Staff

Joan Orvis (Head Professional)			
Judy Johnson Bouts	952-935-4411	Pamela May	612-616-3575
Sarina David	763-424-8480	Shannon Ort	763-391-7412
Kathleen Schmelz Gazich	952-930-0224	Jean Pastor	952-926-6394
Rosie W. Hanson	612-710-1229	Diane DeMoss Powers	952-944-3374
Loni Keenan	952-929-8591	Toni Swiggum	952-447-4428
Ari Lieb	612-718-3491	Anders Wisnewski	612-722-3419

If you have questions regarding the Braemar 2010-2011 Program,
please contact the Ice Coordinator at ice@braemarfsc.org



Dear BCLFSC Families:

Welcome to another year of skating! Although summer is just beginning, it's time to plan for fall activities and ice purchases. As an organized club, we serve as a "purchasing agent" to buy ice time from the City of Edina. We subdivide our ice hours into sessions, which our skaters use for training. Needless to say, our quantity purchases (and subsequent resale to you) make this sport more affordable.

- Each skating member of our club is required to purchase **two** ice sessions per week.
- We will continue to have the **ice exchange policy**. **Ice can be exchanged 7 days before or 7 days after the missed ice session.**
- An ice for ice exchange can be done for Workout sessions missed.
- Exchanges into sessions by BCLFSC members have priority over buy-ons for non-BCLFSC members.
- The contract rate for ice is \$12 per session. The contract rate for the power class is \$17.
- The buy-on rate is \$16 per session for those contracting 2 – 4 sessions.
- The buy-on rate is \$12 per session for those *skater families* who contract **five** or more sessions per week.
- Contract and buy-on rates are subject to change based on approval by the BCLFSC Board of Directors.
- All member families, who contract for ice are required to ice monitor an ice session three times per each three-month period as follows: (September, October, November), (December, January, February) and (March, April, May), or pay a buy out fee of \$30 per each three-month period for a total of \$90, if a family chooses to NOT ice monitor.

Sincerely,

The BCLFSC Board of Directors

BRAEMAR-CITY OF LAKES FSC SKATING PROGRAM SCHOOL-YEAR ICE CONTRACT

September 7, 2010 to June 10, 2011

Skater's Name _____

Phone (with area code) _____ Cell Phone Number _____

Street Address _____

City _____ State _____ Zip+4 _____

Professional: _____ Home Club _____ USFS# _____

Highest USFSA test *passed* as of July 31, 2010: _____ Freeskating _____ Moves in the Field _____

Type of Membership: _____ Home Club _____ Associate _____ Junior Club _____ Adult/College Skater _____

How many sessions per week are you requesting? _____

Number the sessions you request in the order preferred. For example, if you are requesting three sessions per week, the sessions numbered one through three would be your *ideal schedule*. Numbers four, five, six, etc., would be *second choices*. Please provide second choices in case all your first choice sessions are filled.

SUN AMA 10:45-11:45 a.m. Open FS Junior Club						SAT AMA 8:00-8:50 a.m. Open FS Junior Club
	MON PMA 3:00-3:50 p.m. Open FS	TUE PMA 3:00-3:50 p.m. Open FS	WED PMA 3:00-3:50 p.m. Open FS	THU PMA 3:00-3:50 p.m. Open FS	FRI PMA 3:00-3:45 p.m. Open FS	SAT AMB 9:00-9:50 a.m. Open FS
	MON PMB 4:00-4:50 p.m. FS >= Juv or MIF >= NM	TUE PMB 4:00-4:50 p.m. FS >= Juv or MIF >= NM	WED PMB 4:00-4:50 p.m. FS >= Juv or MIF >= NM	THU PMB 4:00-4:50 p.m. FS >= Juv or MIF >= NM	FRI PMB 3:55-4:40 p.m. FS >= Juv or MIF >= NM	SAT AMC 10:00-10:50 a.m. FS >= PJF or MIF >= JM
	MON PMC 5:00-5:50 p.m. Open FS	TUE PMC 5:00-5:50 p.m. FS >= PF or MIF >= PJM	WED PMC 5:00-5:50 p.m. Open FS	THU PMC 5:00-5:50 p.m. FS >= PF or MIF >= PJM	FRI PMC 4:50-5:35 p.m. Open FS	
	MON PMD 6:00-6:45 p.m. Open FS	TUE PMD 6:00-6:50 p.m. Open FS Junior Club	WED PMD 6:00-6:50 p.m. Open FS	THU PMD 6:00-6:50 p.m. Open FS	FRI PMD 5:35-6:05 p.m. Power Class	
All contract sessions are \$12.00/session except . Power Class which is \$17.00 contract					FRI PME 6:15-7:00 p.m. Open FS Junior Club	

Buy-on Prices: Members will be billed for buy-ons (no checks) and the cost \$16.00 per session.
 Members contracted for 5 or more sessions will be able to buy on at the contract rate of \$12.00.
 Power Class contract is \$17.00 Buy on Power Class is \$18.00

RETURN COMPLETED FORM WITH SKATING PROGRAM SCHOOL-YEAR ICE CONTRACT

ADDITIONAL INFORMATION

1. Ice sessions are permanently assigned for the season on the basis of seniority in the Club. Seniority is based on:
a) BCLFSC Home Club Membership; b) date of becoming a BCLFSC Home Club Member; c) test level; and d) date of attaining that test level. This priority applies to contracts beginning September 7, 2010. Any permanent ice added or begun after September 7, 2010 will be on an "as available" basis.
2. Only 22 skaters can be assigned to each session.
3. **Permanent ice is contracted ice which is divided into three periods: Fall (September, October, November); Winter (December, January, February); and Spring (March, April, May, June), and cannot be dropped except at the end of a contracting period (see dates below). NO EXCEPTIONS, other than injury as described below.**
4. Sessions marked >=JF are reserved for skaters who have passed the USFS Juvenile freeskating test
Sessions marked >=PJF are reserved for skaters who have passed the Pre-Juvenile freeskating test.
Sessions marked >=PF are reserved for skaters who have passed the Preliminary freeskating test.
Sessions marked >=NM are reserved for skaters who have passed the Novice moves test.
Sessions marked >=IM are reserved for skaters who have passed the Intermediate moves test.
Sessions marked >=JM are reserved for skaters who have passed the Juvenile moves test.
Sessions marked >=PJM are reserved for skaters who have passed the Juvenile moves test..
Sessions marked >=PPF are reserved for skaters who have passed the Pre-Preliminary freeskating test.
Sessions marked >=PPM are reserved for skaters who have passed the Pre-Preliminary moves test.
5. Ice may also be purchased on a session-by-session basis (buy-on), if available, from the stand-by list. The price is \$16 for members and will be billed (no checks or cash). Skaters contracted for 5 or more sessions will be able to buy on at the contract rate of \$12 per session. The price for the power class is \$17, buy on for power class is \$18.
6. The Club reserves the right to re-designate or cancel any session for which there is insufficient contracts. The Club also reserves the right to change contract dates based on ice availability. Skaters will be notified of time changes and cancellations on a monthly basis through the Club calendar or through an email blast or through signs at the arena.
7. Membership application and dues for the 2010-2011 club year must be received **before** this ice application can be processed. **Ice application must be received by 8/6/2010** to be included in the initial permanent ice assignment. Applications received after the **8/6/2010** (for the Fall period) will be assigned permanent ice on a space-available basis and a **\$25 service fee** will be charged. There will be a \$20 charge on any checks returned for non-sufficient funds. If payment for bills is received after the due date on the bill, there will be a \$15 late fee added.

Ice Application Acceptance: I understand that if ice sessions requested on this form are assigned to my skater, I will be billed each month for that assignment for the entire ice period, unless I send an "Ice Change Request" to the Ice Coordinator by the first of the month prior to the next contracting period (i.e. by **November 1, 2010** for the Winter period and **February 1, 2011** for the Spring period). **The only exception is in case of injury or long-term illness, for which a letter of explanation from the skater's physician is required within 10 days of illness or injury (per Club policy).** I agree that all club bills incurred by my skater shall be paid (received) by the 30th day of the month. I also agree to pay any expense incurred as a result of attempting to collect any monies owed to Braemar-City of Lakes Figure Skating Club.

Signature of Parent or Guardian /Date _____

Professional's Signature/Date _____

**RETURN COMPLETED FORM
WITH 2010-2011 SKATING PROGRAM SCHOOL-YEAR ICE CONTRACT**

Braemar Figure Skating Program
MEDICAL/EMERGENCY INFORMATION FORM
(2010-2011)

Skater: _____
Street: _____
City, State, Zip _____
Home Phone: _____

Mother's Name: _____
Work or Cell Phone: _____

Father's Name: _____
Work or Cell Phone: _____

Physician's Name & Phone _____

Dentist's Name & Phone _____

Orthodontist's Name & Phone _____

Preferred Hospital: _____

Allergies or Other Medical Conditions: _____

Medications: _____

In case of emergency, you have my permission to give emergency treatment and transport my child to an appropriate medical facility. I am responsible for all expenses resulting from emergency treatment and/or transport.

Signature: _____ **Date:** _____

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