



# Join the Shining Stars

## Try Outs:

**Monday May 2<sup>nd</sup> 6:10-7:10pm or May 9<sup>th</sup> 5-6 pm**  
Tryout fee \$20

### ISI Synchronized Skating Team

This is your chance to take part in a competitive team program at the introductory level.

Synchronized skating is a group of 8-24 skaters performing a choreographed routine to music while showcasing footwork, formations, intersections and skating skills. They compete against local teams in the area while learning discipline, dedication, what it takes to be part of a team, and develop lifelong friendships.

### Shining Stars last year 2010-2011 season, Jr. Youth Formation Division:

Kickline Franklin Park	February Freeze	January 23, 2011
February Freeze	Glenview	January 28, 2011
Mardi gras	Bensenville	February 19, 2011
Ice Breaker	Oakton	March 4, 2011
ISI Worlds (2 <sup>nd</sup> place!)	Bensenville	April 8, 2011

### Parent Meeting Thursday May 12<sup>th</sup> 6:00pm

**Register before 5-17-11 and new team members receive the warm-up suit free!**

### Shining Stars Skating Team:

- Beta 2 and above
- Fee: \$160 per month for 10 months which includes:
  - 5 competitions.
  - 2 exhibitions. Sunday November TBD and Sunday February TBD
  - Twin Rinks Ice Shows Saturday December 10<sup>th</sup> and Saturday May 5<sup>th</sup>.
  - Competition Dress
  - Coaches fees.
  - Weekly on-ice practices (45 minutes) from September through May on Friday evenings.
  - Off-ice practices, and additional on-ice practices.
  - Warm-up suit provided for new team members who register before 05-17-11 (jacket \$99, pants \$69)
  - Practice dress provided for new team members (\$75)

### Other Fees:

- Tights purchased by skater (\$10-\$15)
- Year end banquet and ornament purchased by skater (\$25)
- ISI member ship \$13 per year purchased by skater



Shining Stars Registration Form

Skaters Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M F

Parents Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Referred by \_\_\_\_\_

Shining Stars \$160 per month for 10 months, \$320 due with registration. (0850 08-19-11)

First month (July) and last month (April) due with registration. Aug., Sept., Oct., Nov., Dec., Jan., Feb., Mar. will be charged to the following credit card on the first of each month.

I agree to pay the credit card charges charged to the following credit card:

Discover MC Visa \_\_\_\_\_ CVVC \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

APPAREL MEASUREMENTS

Warm up: Jacket \_\_\_\_\_ Pants \_\_\_\_\_ Practice Dress \_\_\_\_\_

Costume: Chest \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Girth \_\_\_\_\_

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above and all future programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above and all future programs.

"I recognize and acknowledge that there are certain risks of serious injury to participants in the above and all future programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such or future program. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in any of the above or future programs against Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants, and employees. I do hereby fully release and discharge Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above or future programs. I further agree to indemnify and hold harmless and defend Twin Rinks Ice Pavilion, Inc. and its officers, directors, shareholders, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the above or future programs. In the event of an emergency, I authorize Twin Rinks Ice Pavilion, Inc's. officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for full payment of any and all medical services rendered"

SHINING STARS REFUND POLICY

Prior to 8-19-11 cancellation fee is 25% of the yearly fee plus a \$10 administrative fee plus apparel costs. Credit card will continue to be charged monthly until total owed has been paid.

After 8-19-11 cancellation fee is 50% of the yearly fee plus monthly fees thru date of notification plus apparel costs. Credit card will continued to be charged monthly until total owed has been paid.

I have read and fully understand the above program details and waiver and release of all claims.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature required of all participants 18 years or older, parent or guardian signature for those under 18.