

Month: _____

MORNING ICE CONTRACT

Name of Skater _____ Phone _____ Age _____

Address _____ City _____ Zip _____

Parent's Name _____ Coach's Name _____

Emergency Contact _____ Phone _____

Morning Hours: Please DATE & CIRCLE – below the desired dates and times you will be skating:

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.
6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.
7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.
6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.
7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.
6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.
7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.
6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.
7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.

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5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.	5:30-6:20 a.m.
6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.	6:30-7:20 a.m.
7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.	7:30-8:20 a.m.

Total hours skated _____ in month x \$10.00 = _____

DISC Contract and Policies

1. The number of skaters that can be allowed on the ice is limited. Registration will be on a “first come, first served” basis. NO EXCEPTIONS!
2. Due to COVID restrictions, we cannot split ice time into half hour increments. The entire hour of ice must be paid for in full, whether or not the full hour is skated.
3. Skater will not be allowed on the ice unless payment is made.
4. No refunds will be given. Skater credits will be made if the skater is unable to practice due to illness.
5. No one will be allowed to enter the facility until 15 minutes prior to their scheduled ice time.

Month: _____

AFTERNOON ICE CONTRACT


Name of Skater _____ Phone _____ Age _____


Address _____ City _____ Zip _____


Parent's Name _____ Coach's Name _____


Emergency Contact _____ Phone _____


Afternoon Hours: Please DATE & CIRCLE – below the desired dates and times you will be skating:

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
	3:00-3:50 p.m.	3:00-3:50 p.m. 4:00-4:50 p.m.	3:00-3:50 p.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
	3:00-3:50 p.m.	3:00-3:50 p.m. 4:00-4:50 p.m.	3:00-3:50 p.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
	3:00-3:50 p.m.	3:00-3:50 p.m. 4:00-4:50 p.m.	3:00-3:50 p.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
	3:00-3:50 p.m.	3:00-3:50 p.m. 4:00-4:50 p.m.	3:00-3:50 p.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____
	3:00-3:50 p.m.	3:00-3:50 p.m. 4:00-4:50 p.m.	3:00-3:50 p.m.

Total hours skated _____ in month x \$10.00 = _____

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