

INDIVIDUAL SESSIONS WORK SHEET

AUGUST 21—SEPTEMBER 1, 2017

Total number of Freeskate Sessions

Number of Sessions _____ x \$12.00 = \$ _____

TOTAL DUE = \$ _____

***PLEASE NOTE ! PACKAGE PRICES EXPIRE AUG. 21, 2017**

After August 21, 2017 free skate sessions are \$14.00 per session

PAYMENT METHOD: CASH _____ CHECK # _____

VISA/MC _____ - _____ - _____ EXP DATE ____/____/____

**PLEASE NOTE!!
CHECKS PAYABLE TO
OUT OF THE BOX ENTERPRISES**



**2017
NORTHEAST OHIO'S
PREMIER SKATING CAMP
"POST-SUMMER"
August 21-Sept. 1, 2017**



**Kelly Lynch and Debi Stahlberg
Summer Skating Directors**

GUEST PROFESSIONALS WELCOME

OBM ARENA
15381 Royalton Rd.
Strongsville, OH 44136
440-268-2800
www.obmarena.com



ICE SCHEDULE—WEST RINK

AUGUST 21—SEPTEMBER 1, 2017

MONDAY THROUGH FRIDAY

AUG. 21 – AUG 25, 2017

11:20 am-12:20 pm

12:20 pm-1:20 pm

ICE CUT

1:30-2:30 pm,

2:30-3:30 pm

ICE CUT

3:40-4:40 pm, 4:40-5:40 pm

MONDAY THROUGH FRIDAY

AUG. 28 — SEPT. 1, 2017

2:30-3:30 pm

ICE CUT

3:40-4:40 pm

4:40-5:40 pm

NO CARRY OVERS—
ALL PRICING/ FOR AUG. 21– SEPT 1
ENDS SEPTEMBER 1, 2017

SUMMER SCHOOL MAKE UP/WALK ON COUPONS
CANNOT BE USED FOR POST CAMP SESSIONS.



SSC CONTRACTED ICE BEGINS SEPTEMBER 5, 2017

REGISTRATION PAGE

SKATER'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____

EMAIL _____

PRIMARY COACH _____

MOVES LEVEL _____

FREESKATE LEVEL _____ BASIC SKILLS LEVEL _____

SKATER'S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

**REGISTRATION WILL NOT BE ACCEPTED UNLESS IT IS
COMPLETELY FILLED OUT AT SIGNED—NO EXCEPTIONS.**

HOLD HARMLESS AGREEMENT

OBM Arena and its teaching professionals affirm that: Your dated signature indicates that you understand and agree to the terms and conditions listed below. Whereas, I fully understand the activities in the program and the risks involved; which may include the use of on-ice harness training; and whereas I understand the participation is voluntary. Therefore, I agree to hold OBM Arena, the summer skating program and its teaching professionals, harmless for any direct, indirect special consequential damages which I or my _____ (relationship) named on the application may incur, or to be liable for as a result of his/her participation in the aforementioned program. I have read the above agreement and understand and agree to the terms and conditions. This agreement/release shall be binding upon heirs, administrators, executors and assigns of the undersigned. I certify that I am the skater/Legal Guardian of the mentioned applicant:

Skater's Signature (if over 18) _____

Parent/Legal Guardian Signature (if skater under 18) _____