

Refund Policy

- If we cancel a session for any reason, you may elect to receive a full credit on your ParkPASS account, or at your request, a full refund.
- In order to receive a full credit to your ParkPASS account, a *written withdrawal* request must be received by the facility at least 2 weeks prior to the start of the program.
- If you choose to have your money refunded to you, there will be an administrative fee charge of 20%.
- If your written request is received within the 2-week period before the start of the program, NO credit or refund will be issued unless your spot can be filled from the waitlist.

The participant assumes all risks associated with participation in the program.

M-NCPPC assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, M-NCPPC encourages participants to consult their physicians concerning fitness to participate in the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Things to Bring

- Appropriate clothes for skating and off-ice/outdoor activities
- Thin socks for skating
- Towel (for off-ice stretching) if desired
- Sneakers (no flip-flops, open toed shoes or sandals please)
- Snack and water bottle

Notes to Parents/Guardians

- Counselors and staff cannot administer medication, which includes: bug spray, sunscreen and medications.
- Counselors and staff are CPR and First Aid certified.
- Children MUST be signed out at the end of each camp day. Please be sure to pick up your child on time. A late fee of \$1.00 per minute will apply if you arrive past 12:15pm.
- Important information will be emailed prior to the camp concerning what to expect/bring. Please make sure your email is up-to-date in our system (We DO NOT share emails).



2012 Figure Skating Camp

June 18 - 22 &
July 30 - August 3
For ages 7 & up



11717 Orebaugh Ave
Wheaton, MD 20902
301-905-3000

www.WheatonIceArena.com

Overview



This week of skating fun for intermediate skaters (Passed Alpha/ Basic 4 through Freestyle levels) On-ice instruction will focus on jumps, spins, edgework, field moves, power stroking, music interpretation, choreography, and strength building; off-ice training will cover jumps, stretching and strength conditioning/ dance. Show off what you've learned in a mini show at the end of each week.

Fees and Hours

\$225 for the week

Camp runs each week
Monday – Friday, 8:15am - 12:15pm

Tentative Schedule

8:15am	Sign-in/Drop off
8:15am	Stretching Ballet
8:45am	Off-Ice Training
9:15am	Arm and edgework
9:45am	On-ice (Jump/Spin/Harness)
10:45am	Break
11:00am	Power Stroking
11:15am	Interpretive Lesson
12:15pm	Sign out/Pick up

Discounts

A \$20 discount will apply to the second sibling and/or registering for multiple sessions at one time. This discount cannot be combined with any other discount (including fee reduction program).

Discounts can only be applied at the facility (not on line at ParkPASS.org), therefore, you must register at the facility for this discount.

Payment Info

Full payment must be made at time of registration. A fee reduction program is available for eligible Montgomery County Residents.

We accept Cash (accepted in person only), Check and Credit Card: *MasterCard or Visa is accepted in person, online at ParkPASS.org, or via the ParkPASS automated phone registration system at 301-670-6858 (you must have a ParkPASS account).*

Registration Info

Registrations will be honored on a first-come, first-served basis.

Registration form, including **participant profile, medical form** and full payment may be hand-delivered or mailed to:

Wheaton Ice Arena
Attn: Skating Director
11717 Orebaugh Ave
Wheaton, MD 20902

Questions? Please Contact the Skating Director at Samantha.Hickey@MontgomeryParks.org

Registration Form

Camper's Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: ___ Zip _____

Phone: (Home) _____

(Other) _____

Email: _____

Camper's Birthdate: _____

Emergency Contact Name (other than guardian)

Emergency Contact Phone Number

Primary Care/Clinic Name

Primary Care/Clinic Phone Number

Has participant been immunized? Yes No

Please indicate the Participants skating ability

Are there health issues/medication that the staff should know of? _____

Date of last tetanus (DPT) shot _____

MD school attended _____

Parent/Guardian Signature

June 18 – June 22 #178299

July 30 – Aug 3 #178300

OFFICE USE ONLY

DATE PAID: _____

CASHIER NAME: _____