

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 Wear/Bring

- Sneakers (for off-ice)
- Water Bottle
- Black yoga pants
- Black shirt
- Hair pulled back out of face
- Skates (rentals are available for no additional fee)

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 Synchro Skating Clinic

August 13 – 17
Monday – Friday
9:45am – 12:15pm
For kids 6 & up



11717 Orebaugh Ave
Wheaton, MD 20902
301-905-3000
www.WheatonIceArena.com

Overview

Come join us for our 2nd Annual Synchronized Skating Clinic! Children as well as adult skaters who have passed the Beta level and above are invited to sign up for this new program. Synchronized Skating is the fastest growing segment of figure skating and our clinic will offer a hands-on jump start introduction to what synchro skating is – a creative, fun, team environment approach to figure skating. Within its atmosphere of friendship and camaraderie, skaters will learn how to gracefully take the ice together with their team and share their love of skating with others.

Coaches will focus on the basics of synchro such as poise, edge quality, effortless turning, speed, holds and formations. On the last day, skaters will perform a mini-exhibition showcasing their new synchronized skating skills at 11:45am!

Daily Schedule

(Tentative)

- 9:45am Sign-in
- 9:45 – 10:15 Off-ice warm-up
- 10:15 – 10:30 Put on Skates
- 10:30 – 12:15 On-ice basic synchro skills – Choreograph Program
- 12:15pm Pick up and check out campers outside designated locker rooms.

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 already have a ParkPASS account).*

Registration Info

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

Registration form, including medical form, specialized waiver 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

Fees and Hours

\$195 for the week

Monday – Friday, 9:45am - 12:15pm

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 _____

Maryland school attended this year

Parent/Guardian Signature

August 13 - August 17 #178349

OFFICE USE ONLY

STAMP DATE PAID: _____