

CENTRAL SOUTH DAKOTA SKATING CLUB  
REGISTRATION INFORMATION 2020-2021  
Parents Copy

September ONLY: skate Fridays 4-6 pm and Saturdays 8-10 am: All members welcome, regular session fees and USFSA fees must be paid to participate. Online payment encouraged.

**First Session October 5 - December 19**

The Central South Dakota Skating Club is an affiliated member club of the U.S. Figure Skating Association. The Club offers skating lessons for the following skill levels: Snowplow Sam 1,2,3 and 4 (age 3-5), Basic 1-6 and pre free skate, Free skate 1-6, AIM and advanced and testing. We are planning on attending the competitions in Watertown December 2020 DTBD, Mitchell January 2021 DTBD and Rapid City February 2021 DTBD. We will perform our shows in November 2020 DTBD & Spring Show March 2021 DTBD. Competition music must be picked by October 26, 2020 no matter which competition you plan to attend.

**CLASS TIMES:**

Mondays
3:45 p.m. to 4:30 p.m. = Snow Plows and Basics 1 - 4
4:10 p.m. to 5:00 p.m. = Basic 5 - 6, Pre-Freeskate & Freeskate 1 -2
4:30 p.m. to 5:30 p.m. = Freeskate 3 and above
Tuesdays
7:15 p.m. to 8:45 p.m. = Junior Coaches and those testing only
Thursdays
3:45 p.m. to 4:30 p.m. = Snow Plows and Basics 1 - 4
4:10 p.m. to 5:00 p.m. = Basic 5 - 6, Pre-Freeskate & Freeskate 1 -2
4:30 p.m. to 5:30 p.m. = Freeskate 3 and above
Fridays
OCTOBER ONLY: SHOW PRACTICE FOR ALL for November performance
4:00 pm to 5:00 pm TBD by Coach Sam
5:00 p.m. to 5:30 p.m. = Competition & Testing Snowplows to Basic 4
5:30 p.m. to 6:00 p.m. = Competition & Testing Basic 5 to Freeskate 2
6:00 p.m. to 7:00 p.m. = Competition & Testing Freeskate 3 and above
Saturdays
7:00 am to 8:10 am = Freeskate 3 and above
8:10 am to 9:00 am = Basic 5 - 6, Pre-Freeskate & Freeskate 1 -2
9:15 am to 10:00 am = Snow Plows and Basics 1 - 4

**Tips/rules /information for Skaters and Parents:**

**Please arrive 5-10 minutes early to lace skates and be on the ice when lessons begin.**

**To avoid cold feet change socks before putting on skates.**

Children enrolled in Snowplow Sam are required to wear a helmet during time on the ice. All Skaters Should Dress in warm layers. Clothes should provide comfort and freedom of movement, layers should not be too bulky. Sweaters with hoods are not recommended. No jeans pre-Free skate and higher. Make sure pants are not too long where the skater trips on them.

No Gum or candy allowed on ice. Water bottles are permitted but please pick up after yourself.

Please check the bulletin board for information

New skates are not sharpened.

Skates should be sharpened every 20 hours or at least every month to ensure the quality of edges.

In the event of inclement weather and the decision is made to cancel lessons this information will be sent out via e-mail and posted on our Facebook page

FEES: (6.5% Sales Tax will be added to Registration Fees)

Snowplow Sam & Basic 1-4	\$155.00
Basic 5-6 & Pre-Free Skate 1-2	\$175.00
Free skate 3/Advanced	\$235.00
Competition/Testing Fee	\$150.00

These fees do NOT include USFSA (U.S. Figure Skating Association) membership registration, which is required one time per year. The Central South Dakota Skating Club is an affiliated member club of the USFSA.

USFSA fees:

First member:	\$60
Each additional member:	\$24
Basic skills only:	\$24 per member (this fee is for those who will NOT attend competitions)

**\*\*CSDSC provides a limited number of figure skates to lease if needed. These are on a "first come, first served" basis. This fee is a separate fee to be paid directly to CSDSC (Central SD Skating Club), however these can be fitted and paid for at registration.**

**\*\*PAYMENT POLICY\*\***

No skater will be allowed to skate without a completed registration form and payment included. Skaters will not be allowed to skate in future sessions unless the prior session has been paid in full.

Parents receipt:

USFSA fee: \_\_\_\_\_

Additional member USFSA fee: \_\_\_\_\_

Lesson/Competition fee: (plus 6.5% Sales Tax) \_\_\_\_\_

Lease skate fee: \_\_\_\_\_ Lease #: \_\_\_\_\_

**Buy Out Option: \$150.00 or Volunteer 35 hours** \_\_\_\_\_

Total: \_\_\_\_\_

Paid: \_\_\_\_\_ Initials of Club Representative: \_\_\_\_\_

*All competitors are required to complete in elements and then they can choose to do all the categories or one it's up to the skater and parents.*

**COMMUNICATION** between everyone avoids all conflicts.

*Coaches are available for discussion on anything but please wait until after lessons. If we can't help you you're welcome to reach out to any board member. Remember if no communication and there's a problem we can't fix it if we don't know.*

**CENTRAL SOUTH DAKOTA SKATING CLUB  
REGISTRATION FORM 2020-2021**

September ONLY: skate Fridays 4-6 pm and Saturdays 8-10 am: All members welcome, regular session fees and USFSA fees must be paid to participate. Online payment encouraged.

First Session October 5- December 19  
CSDSC club copy this form is for USFSA membership

Member/Skater Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

New Member to CSDSC? Yes/No

Highest Level Passed : \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

**FEES: (6.5% Sales Tax will be added to Registration Fees):**

Snowplow Sam & Basic 1-4	\$155.00
Basic 5-6 & Pre-Free Skate	\$175.00
1-2 Free skate 3/Advanced	\$235.00
Competition/Testing Fee	\$150.00

**USFSA fees: Advanced Full Club**

First member: \$60

Each additional member: \$24

Basic skills only: \$24 per member (this fee is for those who will NOT attend competitions)

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**\*\*PAYMENT POLICY\*\***

No skater will be allowed to skate without a completed registration form and payment included. Skaters will not be allowed to skate in future sessions unless the prior session has been paid in full.

USFSA fee: \_\_\_\_\_

Additional member USFSA fee: \_\_\_\_\_

Lesson/Competition fee: (Plus 6.5% Sales Tax) \_\_\_\_\_

**Buy Out Option: \$150.00 or 35 volunteer hours.** \_\_\_\_\_

Lease skate fee: \$15 size 4 & under \_\_\_\_\_ Lease #: \_\_\_\_\_

Lease skate fee: \$25 size 5 & up \_\_\_\_\_ Lease #: \_\_\_\_\_

**Total:** \_\_\_\_\_ **Paid:** Initials of Club Representative: \_\_\_\_\_

**CENTRAL SOUTH DAKOTA SKATING CLUB  
REGISTRATION FORM**

**CELL PHONE USE:**

To ensure the effectiveness of practice and assure the full use of lesson time, there will be NO cell phone usage allowed during practice. All cell phones will remain turned off, or left in the warming room until the coach has dismissed the skater from practice. In the event of an emergency, skaters may be allowed use of their cell phone per the coach's instruction.

This doesn't pertain to head coach or Assistant Coach

CSDSC is not liable for the loss or damage of cellular or electronic devices brought to the PAYSA rink.

Signatures: Parent \_\_\_\_\_ Skater Initials \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give my consent for emergency medical treatment prescribed by a licensed doctor or other licensed medical professional. This consent is to allow care to be given under conditions that may require immediate response to preserve life, limb or well-being.

Signature: Parent \_\_\_\_\_

**VOLUNTEER:**

I/We, parents/guardians of \_\_\_\_\_, understand that by registering our child/children for the figure skating program offered through Central South Dakota Skating Club that we are willing and able to volunteer for upcoming opportunities which will include, but are not limited to, fundraising, ice monitoring, committee participation, and general assistance with opportunities as they arise.

I agree to assist with one open skating session per year, this will count towards my points to offset costs associated with ice rental from our partner, Pierre Area Youth Skating Association/Oahe Hockey Association.

Signature: Parent Initials \_\_\_\_\_

**WAIVER/RELEASE:**

I, the undersigned, on behalf of my child/children, hereby voluntarily apply to the Central South Dakota Skating Club. I agree to follow all rules, and understand that there is gear recommended to reduce the risk of injury, but will not prevent all injuries while figure skating. There is no inherent guarantee of my child/children's safety. I understand the risks involved with figure skating and that injuries are common and can be serious, even if my child/children skate in control and wear protective gear. The risk of concussion is of particular concern, and I freely assume these risks and release CSDSC and PAYSA, employees, coaches, and board members from any liability, claim or suit based on my child/children's participation in figure skating.

I understand that all reasonable attempts to protect my child/children will be made.

Signature: Parent \_\_\_\_\_

## Concussion Facts for Athletes

### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

**It's better to miss one game than the whole season.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Concussion Facts for Parents

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

### What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"><li>• Appears dazed or stunned</li><li>• Is confused about assignment or position</li><li>• Forgets an instruction</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily</li><li>• Answers questions slowly</li><li>• Loses consciousness (even briefly)</li><li>• Shows mood, behavior, or personality changes</li><li>• Can't recall events prior to hit or fall</li><li>• Can't recall events after hit or fall</li></ul>	<ul style="list-style-type: none"><li>• Headache or "pressure" in head</li><li>• Nausea or vomiting</li><li>• Balance problems or dizziness</li><li>• Double or blurry vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish, hazy, foggy, or groggy</li><li>• Concentration or memory problems</li><li>• Confusion</li><li>• Just not "feeling right" or is "feeling down"</li></ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first - usually within a short period of time (hours, days, or weeks) - can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion.** Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he is "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form must be signed annually and must be available for inspection at the <sup>rink</sup> school.**

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(name of club)

## Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")

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In consideration of participating in \_\_\_\_\_ activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity".

I hereby release, discharge, and covenant not to sue the \_\_\_\_\_, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The \_\_\_\_\_ has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the \_\_\_\_\_ shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

## **PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent/Guardian

Date\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

### **Consent for Medical Attention or Treatment**

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the \_\_\_\_\_ and the facility the activities are taking place in and their staff and to members of the \_\_\_\_\_, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

\_\_\_\_\_  
Name of 1st Minor Child Member (please print)

\_\_\_\_\_  
Name of 2nd Minor Child Member (please print)

\_\_\_\_\_  
Name(s) of Parent(s)/Guardian(s)  
(please print)

1st Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2nd Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of 1st Adult Member  
(please print)

1st Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of 2nd Adult Member  
(please print)

2nd Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

This Consent for Medical Attention shall be binding and effective for the \_\_\_\_\_ - \_\_\_\_\_ membership year of \_\_\_\_\_.