



## **Pawtucket and Providence Figure Skating Club 2021 Spring Ice Application for Skaters and Coaches**

Our next ice session will run on Saturdays from April 17-June 12, at the Smithfield Municipal Ice Rink (9 weeks in all).

Cost: \$162 for the full 9-week session. Individual session: \$25 per session

Skaters who submit their ice application for a full session will be given priority as long as the application is received by the deadline. Individual sessions may be purchased provided there is room on the ice. Use the form on page 3.

Maximum allowed on ice is in accordance with the Rhode Island Guidelines.

Masks: In accordance with Rhode Island guidelines, masks must be worn at all times. This applies to all who are inside the Smithfield Rink-skaters, parents, and coaches.

All skaters must have a current USFS membership, either with PPFSC or another club.

**How to sign up:** Skaters and coaches must sign up at least 24 hours in advance using the forms on pages 2 and / or 3. If needed, we will utilize the policy of giving priority to PPFSC members as described in our standard ice applications.

The following will need to be submitted electronically\*:  
registration form,  
proof of current USFS membership (for non-PPFSC members),  
signed waiver contained at the end of this document,  
and payment via Venmo. (Please hold off on sending in your payment until it is confirmed that you have a guaranteed spot.)

Coaches who have a contract with PPFSC will be given priority on these sessions.

In the event there is room 48 hours before a given session, a coach having no privileges with PPFSC will be able to sign up as a guest coach.

**Please note: There will be no fee charged for guest coaches for the duration of the spring session.** A guest coach must submit the Coach Compliance card via email with the registration form and signed PPFSC waiver to Haoli Li at [lihaoli@gmail.com](mailto:lihaoli@gmail.com).

\*To submit your documents, take a photo of your completed forms, and email to Haoli Li at [lihaoli@gmail.com](mailto:lihaoli@gmail.com).

**DEADLINE : Wednesday, April 14, 2021**

# Pawtucket and Providence Figure Skating Club

## 2021 Spring Ice Application for Skaters and Coaches

Name \_\_\_\_\_ Home Club \_\_\_\_\_

Street \_\_\_\_\_ USFSA# \_\_\_\_\_ (must have to skate)

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Emer. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Coach(es) \_\_\_\_\_

Coaches: Please list the names of your skaters: \_\_\_\_\_

This form should be used by those skaters who wish to contract the full session (9 weeks) at the Smithfield rink. Skaters who wish to reserve individual sessions need to use the form on page 3.

\_\_\_\_\_ I wish to purchase the full session described below.

Day	Time	# of weeks	Cost
Saturday	3:00-3:50	9	\$162*

\*Average cost per week = \$18.

Walk-on fee per week = \$25.

TOTAL AMOUNT DUE \_\_\_\_\_

Send the required documents to Assistant Treasurer Haoli Li at [lihaoli@gmail.com](mailto:lihaoli@gmail.com). . Include "Saturday Ice"

and the name of the skater or coach in the subject line.

Send payment for the total amount due via Venmo to @treasurer-PPFSC

Use this form to purchase individual sessions.

2021 Spring Ice Application for Skaters and Coaches

Name \_\_\_\_\_ Home Club \_\_\_\_\_

Street \_\_\_\_\_ USFSA# \_\_\_\_\_ (must have to skate)

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Emer. Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Coach(es) \_\_\_\_\_

Coaches: Please list the names of your skaters: \_\_\_\_\_

Please check the session(s) that you wish to reserve. Be sure that the dates that you have selected match what you want. **The fee for each session is \$25.**

**These sessions run from 3:00-3:50 p.m. on Saturdays at the Smithfield Rink.**

Date
April 17
April 24
May 1
May 8
May 15
May 22
May 29
June 5
June 12

Total number of sessions circled \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

Send the required documents (stated on Page 1) to Assistant Treasurer Haoli Li at [lihaoli@gmail.com](mailto:lihaoli@gmail.com). Include "Saturday Ice" and the name of the skater or coach in the subject line.

Send payment for the total amount due via Venmo to @treasurer-PPFSC

Total number of sessions circled \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

**COVID-19**

**ASSUMPTION OF EXPOSURE AND INHERENT RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT, AND DECLARATION**

I, the undersigned parent or legal **guardian of the** child named below, hereby consent to my and/or my child's participation in an ice session of the Pawtucket and Providence Figure Skating Club (PPFSC) during the COVID-19 pandemic and agree to the following:

COVID-19. COVID-19 is a mild to severe upper respiratory disease caused by the virus SARS-CoV-2 ("COVID-19"). Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. Someone with COVID-19 may pass the required health screenings and be allowed on a PPFSC ice session.

Potential Exposure. I understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I understand that while attending a PPFSC ice session I and/or my child will be within six feet of other people.

Inherent Risks. Exposure to COVID-19 includes certain risks, not all of which can be described herein, but may include coughing, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, pain or pressure in the chest, confusion, inability to wake, and death. PPFSC has put in place preventative measures to reduce the spread of COVID-19; however, PPFSC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending PPFSC ice sessions could increase your risk and your child(ren)'s risk of contracting COVID-19.

Assumption of COVID-19 Exposure and Inherent Risks. I have read the previous statements regarding COVID-19 exposure and risks ("**COVID-19 Exposure**") inherent in attending a PPFSC ice session. I understand and appreciate the COVID-19 Exposure inherent in attending a PPFSC ice session and that health-related reactions may manifest as a result of attending a PPFSC ice session. I agree that my attendance and or my child's attendance at a PPFSC ice session is voluntary and hereby knowingly assume the risk of any and all COVID-19 Exposure.

Every staff member, volunteer, and PPFSC family has to evaluate their unique circumstances and make an informed decision before attending PPFSC activities. We hope this information will be helpful as you make that choice.

(continued on next page)

Pawtucket and Providence Figure Skating Club

Waiver, Release, and Indemnification. In consideration of being allowed to participate in a PPFSC Ice session and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and on behalf of my child and myself, and our respective estates, heirs, and assigns, I knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Pawtucket and Providence Figure Skating Club and all of their respective executives, employees, officers, volunteers, agents, owners, affiliates, officers, directors, partners, managers, members, and agents (collectively, “**Released Parties**”) from and against all demands, claims, losses, injury, damages, liability, attorneys’ fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my participation in a PPFSC ice session that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Declaration. I declare that neither I nor any individual residing in the same home as me are ill today nor are currently experiencing, nor have experienced within the last two weeks, any symptoms of COVID-19.

This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned party.

Print Child’s Name (if applicable) \_\_\_\_\_

Printed Name of-Parent/Legal Guardian of child: \_\_\_\_\_

Signature of Participant Parent/Legal Guardian of child

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_