



SCJH
3/19/2021
Spring Show
Participation Form

The SCJH's Spring Show will shine a spotlight on our local talent featuring duets and solo performances by skaters of ALL AGES & LEVELS. We are going to have great time with this show and it's a chance for your skaters to showcase what they've been working on!

BE A PART OF THE FUN!
SOLO's & DUETS AVAILABLE FOR BASIC 2 & UP!!

ABOUT: This will be the day your skater will show off their skills. All currently enrolled SCJH skaters (including LTS skaters) are welcome to do a solo or duet. All duets will need to be social distanced!

MUSIC: Skater & Coach will need to pick two selections of music and submit it to the director for approval. Once the music is approved the skater's choreographer will cut the music to the correct time (cutting fees may apply \$15-20 so please talk to your private lesson coach).

CHOREOGRAPHY: Skater/parent will need to book and pay for lesson directly with a SCJH coach to manage & layout the program.

COSTUMES: SCJH ask that all skaters dress show appropriate (hair neat, costumes that match the music, no feathers on costumes, etc). Costumes will need to be provided by the skater and approved by the choreographer/skating director.

SKATERS ARRIVAL: 4:00pm on 3/19/2021. SCJH ask that skaters come as ready to skate as possible. Upon arrival skaters will lace up and meet at the show entrance. Skaters will be masked/socially distanced at all times till they take the ice for their solo/duet

SCJH COACHES CONTACTS

*Abby- (802).233.3852 *Anna- (307).690.6422 *Kira-(860).331.6154 *Leslie-(760).908.9644
*Thad- (307).699.0380 *(LTS Only instructor) Shannon- (307).699.2926

*(Skate Director) Lacey- (307).690.7587 *(Program Coordinator) Sandy (307).413.3951

Please go to Skatingclubofjacksonhole.com to learn more about coaches & their prices

Performers Name: _____

Solo: \$30.00 **Duet:** \$15.00- *If doing a duet please provide partners name:* _____

Amount Due: _____

Payment Form (Please Circle One): **CHECK** **PAYPAL** **VENMO** -@skatingclubofJH

***Please either scan this form and email to Skatingclubofjh@gmail.com or place this form/waiver in the SCJH lock box (located on the side of blue lockers in warm area)**

Please provide SCJH your email address below where you wish us to send the Paypal request for the amount due. If paying by Venmo please input exactly who and what you are paying for.

Your Email address: _____

Signature: _____ **Date:** _____

Name: _____ (legal guardian of participant), intending to be legally bound, do hereby waive and forever release any and all right and claims for damages or injuries against the Skating Club of Jackson Hole (SCJH), Event Director, all SCJH agents assisting with the event, sponsors, representatives, volunteers and employees for any and all injuries to my child or personal property. This release includes all injuries and/or damages suffered by my child before, during or after the event. I recognize, intend and understand that this release is binding.

I acknowledge that participating in SCJH Seasonal Celebration is a potentially hazardous activity. I should not allow my child to enter and participate unless he or she is medically able to do so. I understand that myself, my skater & our guest will need to follow the rink/SCJH COVID policies at all times, including but not limited to wearing a mask at all times while socially distancing. I assume all risks associated with my child participating in this show/show practices including, but not limited to: falls, contact with other participants, the effects of weather, ice conditions, and waive any and all claims which I might have based on any of those and other risks typical found in this sort of show. I acknowledge all such risks are known and understood.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Doctor: _____

In case of emergency name: _____ Number: _____

Further, I grant permission to all the foregoing to use my child's name, voice, photographic image, motion picture, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Upon my child being awarded a solo or duet performance I agree to contact, book and pay for private lessons with the coach managing that performance. Costumes will be approved by the Event Director and I agree to pay for the required solo or duet performance costume as well as their music editing, in addition to the fees stated above.

Sign below to confirm you have read and understood all the matters stated above

Skaters name: _____

Guardian signature: _____ Date: _____