



Figure Skating Membership Options

Gold Medal Package - \$750.00 per month* (18 hours)

- 3 Open Freestyle Sessions (Monday – Saturday)
- 2 Free Health Club Memberships

Silver Medal Package - \$500.00 per month* (12 hours)

- 2 Open Freestyle Sessions per day (Monday – Saturday)
- Family Health Club Membership \$19.99 per person

Bronze Medal Package - \$300.00 per month* (6 hours)

- 1 Open Freestyle Session per day (Monday – Saturday)
- Family Health Club Membership \$24.99 per person

Membership Restrictions

Coaches Fees are not included in monthly membership packages

**The month begins on the 1st and ends on the last day of each month*

A training facility where dreams become successes.

1590 N. Florida Mango Road • West Palm Beach, FL 33409-5212

561-656-4046
www.pbiw.org



Figure Skating Membership Registration Form

Skater's Name: _____ Skater's Date of Birth _____

Current Skating Club: _____ Skater's Current Level _____

Skater's Current Coaches Name (if any): _____

Parent / Guardian Name: _____ Date of Birth (with year) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact Name and Phone Number: _____

E-Mail Address: _____

Release of Liability

In consideration of the participant being permitted to register and participate in figure skating or any other activities at the Palm Beach Ice Works, I do hereby and forever release and discharge Palm Beach Ice Works, LLC, its directors, agents, employees and any other person or entity affiliated with Palm Beach Ice Works, LLC (collectively, Palm Beach Ice Works) from any and all manner of liabilities, damages, costs, claims, injuries or demands which I will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Palm Beach Ice Works. I acknowledge that ice skating is a potentially dangerous activity and I fully accept and assume all risks and responsibility for any injuries I may sustain as a result. I further agree that if, despite this express assumption of the risk and release, I or anyone on my behalf, shall make a claim against Palm Beach Ice Works, I will indemnify, save and hold harmless Palm Beach Ice Works from any claim, loss, liability, damage, or cost, including attorneys' fees and costs, which Palm Beach Ice Works may incur as a result. This release shall be binding on my heirs, assigns, executors and administrators. I further acknowledge and agree that Palm Beach Ice Works has not and shall not be deemed to have guaranteed or warranted the condition, suitability, or fitness for a particular purpose, of any equipment used in any activity at Palm Beach Ice Works, whether or not provided by Palm Beach Ice Works.

I have read and understood this waiver.

Parents Name (please print) _____

Signature (parent or guardian if under 18 years of age) _____

Date _____

Payment Method

(All checks payable to Palm Beach Ice Works.)

Please circle the plan you are choosing:

Gold Plan \$750 per month • Silver Plan \$500 per month • Bronze Plan \$300 per month

Payment Method Visa MasterCard AMEX Discover Check

Card Number _____ Expiration Date _____ CVV _____

Name On Card _____