

EPIC PRODUCTIONS SKATER AGREEMENT
2019 – 2020 Season

I _____, the parent/guardian, and _____ (skater's name) have read the Epic Productions Handbook (epicproductionsfoco.org), including the code of conduct, medical forms, and all financial responsibilities for participating in the EPIC Productions program ("PROGRAM") of the Fort Collins Figure Skating Club. I/We fully understand and will abide by them.

I/We confirm that the skater is a member in good standing of the Fort Collins Figure Skating Club and of the US Figure Skating Association (USFSA). This is required for participation in the program.

I agree to pay the non-refundable deposit of \$_____, paid by the start of the program period, and to pay 8 installments of monthly dues (January – August) of \$_____, totaling \$_____ for the _____ (year) season.

Program dues cover include all ensemble coaching on- and off-ice, competition registration and coach fees, costumes, props/scenery, video/photos of the National Showcase Competition, administrative costs, and other miscellaneous costs.

1. A \$10 service fee will be charged if dues are not paid in full at the end of each month. Returned checks will be charged the appropriate late fee plus any bank fees.
2. No refunds for prior months' dues will be issued to skaters who leave EPIC Productions, and refunds for dues owed are prorated according to the schedule in the EP Handbook.
3. Failure to pay all dues by the end of the season may result in the skater being ineligible for membership the following year at the Director's discretion.
4. In the event of financial shortfalls of any type, the program's priorities are paying coaches and EPIC rink ice time.

Some expenses are NOT COVERED by monthly dues, including: required team jacket, skater/parent travel expenses for competition(s), team hair/make-up, practice gear (black pants, black shirt), athletic shoes, basic skate tights/socks, and FCFSC and USFSA membership dues. There may be additional unforeseen expenses not covered by monthly dues.

Fundraising conducted during the season will be used to pay for costs as needed such as team t-shirts, additional gear, team social events/dinners, and may be used (but is not guaranteed) to reduce skater payments at the end of the season.

EPIC Productions reserves the right to cancel the program in extreme circumstances in consultation with parents/skaters and the FCFSC. In the event of cancelation, unused funds beyond debts owed by the program will be returned to parents/skaters in equal distribution.

I/We hereby agree that the coaches, managers, team committee, and the Fort Collins Figure Skating Club shall not be held responsible for any accident or injury which may occur to my skater at practices, competitions, and/or exhibitions or while engaging in team activities.

I/We expressly understand and agree that neither the City of Fort Collins, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person in whose behalf this contract is now signed as a result of actuarial or proposed participation in the above-named program, and I hereby agree to indemnify and hold the City of Fort Collins, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

If we cannot meet these obligations, we will submit our withdrawal from the program to the coaches in writing.

In order to participate in the EPIC Productions showcase season, you must inform your primary coach of rehearsal and event schedules and receive their permission for participation with a signature, below.

_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
_____ Skater Name	_____ Skater Signature	_____ Date
_____ Primary Coach Name	_____ Primary Coach Signature	_____ Date

EPIC Productions Code of Conduct

The following forms need to be completed and returned to the coach. We recommend making a copy of these forms for your records.

- The EPIC PRODUCTIONS SKATER AGREEMENT signature page
- Skater Code of Conduct
- EPIC Productions Team Medical Form
- Authorization for Medical Treatment

EPIC Productions seeks to foster and support sportsmanship, good attitudes, and responsible participation in the program. The following conduct is expected by all EPIC Productions team members, and all skaters must sign this Code of Conduct form. We see ourselves as representatives of the FCFSC and of the City of Fort Collins, and we conduct ourselves with good manners, kindness, and common courtesy.

1. Skaters 18 and over must complete the free SafeSport training to become certified with USFSA.
2. All skaters, regardless of age, are expected to abide by SafeSport rules and policies.
3. Be on time for all on and off ice practices. Attendance and punctuality are the most important factors in the success of a team.
4. Skaters are expected to be present at all practices, both on-ice and off-ice, 15 minutes before practice begins.
5. Maintain sharpened blades (every 4 – 6 weeks) and skate boots in good repair
6. Be on the ice and ready to practice:
 - a. Hair secured away from the face and shoulders
 - b. Dressed in approved practice attire (plain black pants, long- or short-sleeved plain black shirt or EP official shirt/jacket)
 - c. No gum, candy, or food
 - d. No jewelry
 - e. No electronic devices during any EPIC Productions activity
7. Be attentive and listen to the coaches and captains.
8. Refrain from free skating during practices.
9. Actively participate in teambuilding and fundraising activities.
10. Be a positive team member. Maintain a positive attitude.
11. Communicate with tact and diplomacy to fellow skaters, parents, coaches, and other officials on- and off-line.
12. Respect team members, managers, parents and coaches and treat them with dignity. Rude or disrespectful behavior to coaches, parents or other skaters will not be tolerated and could result in removal from the team.
13. Each skater must respect the rights, privileges, and property of others.
14. The following will not be tolerated: Alcohol or illegal drugs; violent, aggressive, or abusive behavior; inappropriate sexual behavior.

ATTENDANCE

1. Attendance at all practices and competitions is mandatory for all skaters including injured skaters. Injured skaters should attend practice from the boards/stands.
2. Skaters who are ill should **not** attend practices. Skaters who must miss practice for illness must contact the ensemble coach as far in advance of the event/practice as possible via Slack so lesson plans can be adjusted..
3. For all planned absences from practices, performances, or team activities, fill out the planned absences form (online).
4. For each 4 rehearsals missed, you will be required to schedule a separate lesson with an EPIC Productions coach to make up the choreography. Four late arrivals to rehearsal count as 1 absence.
5. If for any reason you are absolutely unable to attend a competition, notify your coach as soon as possible.
 - Missing a competition does not change program fees due, unless the skater drops out of the program (see Handbook).

Name of Skater	Signature of Skater	Date
----------------	---------------------	------

Name of Parent	Signature of Parent	Date
----------------	---------------------	------

EPIC Productions Team Medical Form

Skater's Name _____ Date of Birth _____
Address _____
Parent/Guardian Number _____ USFS # _____
Alt Phone Number (cell, work, etc.) _____

Alternative emergency contact (if designated parent or guardian cannot be reached)

Name _____ Relationship _____
Home Phone Number _____ Cell _____ Work _____

Physician's Name _____ Phone _____
Dentist/Orthodontist _____ Phone _____

Hospital/Medical Insurance Company _____
Group Number _____ Service Number _____ Contract Number _____

Dental Coverage? Yes ___ No ___ Does health provider require approval before treatment? Yes ___ No ___

Health History and Status

Check all of the following which apply.

Chronic Problems:

Ear infections _____
Rheumatic fever _____
Convulsions _____
Asthma _____
Diabetes _____
Psychological _____

Allergies:

Hay fever _____
Ivy poisoning _____
Insect stings _____
Insect bites _____
Penicillin _____
Food _____

Diseases:

Chicken Pox _____
Measles _____
German measles _____
Mumps _____
Whooping Cough _____
Other _____

Are immunizations up to date? Yes _____ No _____ explain _____

Date of last tetanus vaccination: _____

Give details of any item checked above: _____

Describe allergic responses and management: _____

Operations or serious injuries (and dates): _____

List medication and/or treatment you are now receiving: _____

Menstruating: Yes ___ No ___ Bleeding disorders (if none, so state) _____

Contact lenses used: Yes ___ No ___ Type _____

Describe any other health related/medical problems (use another page if necessary) _____

Authorization for Medical Treatment

I/We _____ give permission for Coach(es) _____ to authorize any necessary medical, or surgical treatment for my/our child, _____ that might be needed from date _____ to date _____.

Family Physician: _____ Phone _____

Other Physicians: _____ Phone _____

Dentist/Orthodontist: _____ Phone _____

Medical History: _____

Allergies and reactions: _____

Date of Last Tetanus Booster: _____

Are immunizations up to date: _____

Name of Insurance Company: _____

Address (forms to be mailed): _____

Remarks: _____

Insurance Policy Number: _____ Group # _____

Social Security Number (insured party): _____

Parent/Legal Guardian Signature: _____ print _____ date _____

Notary: _____

Date: _____