

Olympic Dreams

May 4-5, 2018

Ice Show Registration

Skater's Name _____ Age _____ Female/Male (circle one)

Address _____ City _____ Zip _____

Contact Name _____ Contact # _____

Email _____ Skating Level _____

Coach's Name _____

COSTUME MEASUREMENTS:

Measure around the body, FULL CIRCLE. Do not draw tape measure tight.

1) Bust _____ 2) Waist (2" above belly button) _____

3) Hips _____ 4) Girth (through legs, back to shoulder) _____

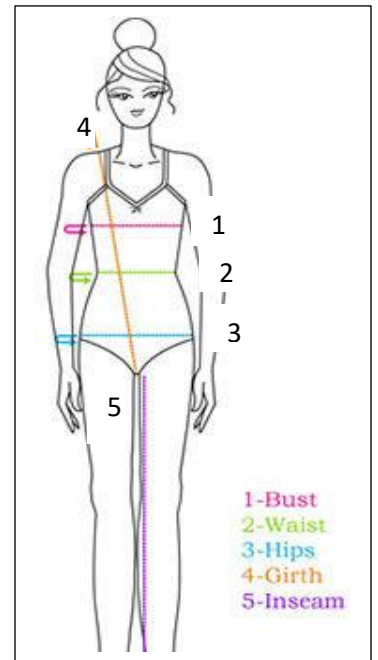
5) Inseam _____ Height _____ Weight _____

Participation fee:

1st group number \$175 _____

2nd group number \$75 _____

Total due _____



Registration Due December 15, 2017

Signature of Parent or Guardian

Date

Payment: Cash, Check (payable to Livonia Figure Skaters) , Credit Card (CC fees applied)

Registration forms, with measurements, along with the Release of Liability, and payment, must be received by December 15th, in order to get groups organized and costumes ordered in a timely manner.

Ice Show questions should be directed to livoniaiceshow@outlook.com, or call 734-422-5172

Jen Schneider, Ice Show Director

Olympic Dreams

Rehearsal Schedule and Volunteer News

Rehearsal Schedule

Rehearsals will run March 7th through April 25th. No rehearsal April 4th, due to Spring Break. Your rehearsal will be 40 mins in length. The schedule will be finalized, once all the registration forms have been processed. The rehearsal times are 5:00-5:40, 5:40-6:20, and 6:20-7:00 pm. Your schedule will be posted the beginning of February.

Solos/Features/Duets/Trios

Skaters who are awarded a solo/feature/duet/trio will practice on freestyle ice time, with their private coaches. These skaters will provide their own costume, which can be ordered through the costume catalogs, or purchased independently. ALL costumes MUST be approved by the director, prior to purchase.

Tech Rehearsal Schedule

The week prior to the show are the technical staging and blocking rehearsals. A ½ tech rehearsal is a run through of half the show, with costumes, however, no curtains or professional lighting will be used. A ½ tech rehearsal runs approximately 2 hours. The FULL tech rehearsal will be a run through of the entire show, which will include the use of professional lighting and staging. The FULL tech rehearsal runs approximately 3 hours. Plan to camp out for the evening, and enjoy the camaraderie of our skating family. We will do our best to provide some food, for those skating multiple numbers, whom will be at the rink the entire evening. We could certainly use some volunteers, to take good care of our performers.

Show Time

Skaters will be required to arrive 1 hour prior to show time.

Friday, May 4th, 7:00 pm. Saturday, May 5th, 2:00 pm.

Volunteers

All families are asked to lend a hand in making this show a success. Remember, this show is for the skaters, but they cannot do it without family support. Below is a list of areas we need help in. A volunteer list will be on the bulletin board. We are looking for moms, dads, grandparents, and friends, willing to help, in whatever area they are most comfortable.

Fundraising/Sponsor solicitation
Lobby management (set up, admission, sales)
Curtain set up/tear down
Picture Day

Props design/construction
Locker room assistance
Cast Party
T-Shirt Sales

Fundraising

The show is solely funded by participation fees and fundraising. All families are expected to participate in the fundraising. The show is being produced by Livonia Civic Arena, which is a Non-Profit 501 C3 organization. In order to keep the bi-annual tradition the show must be self-sufficient. WE NEED EVERYONE TO PARTICIPATE IN FUNDRAISING!!

LIVONIA CIVIC ARENAS, INC.
Eddie Edgar Ice Arena
Devonaire Ice Arena
33841 Lyndon Rd.
Livonia, Mi. 48154
734-422-5172
www.eddieedgar.org

PARTICIPANT RELEASE OF LIABILITY

READ BEFORE SIGNING

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe my unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, IDEMNIFY AND HOLD HARMLESS, The Livonia Civic Arenas, Inc., their officers, officials, agents, coaches, assistant coaches, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors or premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that, I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees, from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature

Date

Emergency Phone Number