

# 2021 Summer PATCH/DANCE Classes & Registration

## PATCH (CLASSIC FIGURES)

**Prerequisite:** Passed Free Skate 1

**Cost:** \$48.00 per person

**Activity Size:** 10 to 1 student/instructor ratio

**Description:** Patch or classic figures, refers to circular patterns which skaters trace on the ice to demonstrate skill in placing clean turns evenly on round circles. These circles are skated using one foot at a time, as a skater masters balance, control, flow and edge to achieve clean and accurate tracings.

**Thursdays: July 8 - July 29**

**Time:** 10:10 - 10:40 AM

**Activity #** 14790

## Registration

### REGISTRATION DATES

**June 14 - Ongoing**

Register early!

### REGISTRATION OPTIONS

**Business Hours:** 9 AM - 5 PM Monday through Friday

**Walk-in:** Sertich Ice Center (in Memorial Park)  
1705 East Pikes Peak Avenue

**Mail-in:** Send registration and form of payment to:  
Sertich Ice Center  
Attention: Learn to Skate  
1705 East Pikes Peak Avenue  
Colorado Springs, CO 80909

**Fax-in:** (719) 385-6063  
Send completed registration form including Visa, MC, Discover or AMEX card number, expiration date and CCV.  
Faxes are processed during regular business hours.

**Online:** Go to [www.coloradosprings.gov/Sertich](http://www.coloradosprings.gov/Sertich)

1. Click on the REGISTER GO! button
2. Click on MY ACCOUNT
3. Enter (LOGIN and PASSWORD)
4. Click on REGISTER FOR ACTIVITIES  
Sort by Location, Activity Category, Activity Name, Activity Number, etc.
5. Select the NAME OF ACTIVITY, then click ADD TO MY CART
6. In the drop down box, select the participant who will be taking the class.  
When finished, click CONTINUE.
7. Follow the steps for payment. Visa, MC, Discover, or American Express accepted. Be sure to complete your order and click CONTINUE.
8. Print receipt or go green!

## DANCE

**Prerequisite:** Passed Basic 4 or Adult 4

**Cost:** \$48.00 per person

**Activity Size:** 10 to 1 student/instructor ratio

**Description:** This activity is great for all skaters looking to expand their skating skills. Focus is placed on basic dance step technique, edges, and turns. Patterned dances such as the Dutch Waltz, Canasta Tango and Rhythm Blues will be taught. This low-impact activity will help improve knee bend, leg extension, posture, and basic rhythm while learning to skate to music.

**Thursdays: July 8 - July 29**

**Time:** 10:45 - 11:15 AM

**Activity #** 14789

### INCLEMENT WEATHER POLICY

In case of inclement weather please check the Sertich Learn to Skate website at: <https://coloradosprings.gov/sertich-ice-center/page/learn-skate-sertich-ice-center>. Or call Sertich at (719) 385-5983

### REFUND POLICY

A full credit or refund will be issued to the customer if an activity is canceled or at capacity. If the customer withdraws from the program prior to the program start date, the customer will receive a refund or credit upon submitting a written request. If a refund request is submitted after the program start date, Management will determine the amount of the refund or credit based on the number of classes attended.

### AMERICANS WITH DISABILITIES (ADA)

The City of Colorado Springs complies with the ADA and will make reasonable accommodations to enable people with disabilities to participate in and enjoy recreation programs.

### MEMORIES THAT LAST

By registering yourself/your child in Recreation Services activities, you hereby consent to the photographing of yourself/your child by the City of Colorado Springs and/or their agents, and consent to the use of these photographs singularly or in conjunction with other photographs or video recordings for Parks, Recreation and Cultural Services marketing purposes without any compensation.



# Summer Registration Form

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Check Payment Method:  Cash  Check  Visa  Mastercard  Discover  American Express  Money Order  Other

Student's First and Last Name	M/F	Date of Birth	Activity #   Title   Time	Fee	Office Use

**I acknowledge and agree to the Participant Warning Statement/Release and Assumption of the Risk.**  
 Although participation in supervised athletics and activities is generally considered safe, and serious injuries are not common, it is impossible to eliminate every risk. To help reduce accidents and injuries, players must obey safety rules, report all physical problems, follow a proper conditioning program and inspect their own equipment. By registering for this program, you acknowledge that you have read and understand this warning. Those who do not wish to accept the risk should not register or participate.

***The City of Colorado Springs carries no insurance for participants or spectators. EMS will be called for all medical emergencies, and individuals will be responsible for all ensuing charges.***

In attending Colorado Springs Parks, Recreation and Cultural Services (PRCS) programs and using the facilities and equipment associated with them, the participant does so at his/her own risk. PRCS shall not be liable for any damages arising from personal injuries sustained by Participant while participating in PRCS programs or about the premises associated with the programs. Participant assumes full responsibility for any injuries or damages that may occur to Participant in or about the premises used in conjunction with the programs, and fully and forever releases and discharges the Colorado Springs Parks, Recreation and Cultural Services Department, the City of Colorado Springs and all associated employees and agents, from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the Participant's use or intended use of the facilities and equipment associated with PRCS programs.

Participant also acknowledges that programs are open to the public and that the City of Colorado Springs is not responsible for screening other Participants or members of the public for any infectious disease. Participant voluntarily assumes the risk of exposure to infectious diseases by attending City Facilities and understands that such exposure or infection may result in personal injury, illness, permanent disability, and death. Participant understands that the risk of becoming exposed to or infected any infectious disease may result from the actions, omissions, or negligence of Participant and others, including, but not limited to, City employees, volunteers, and program participants and their families.

Participant voluntarily agrees to assume all of the foregoing risks and accept sole responsibility for any injury to Participant including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that Participant may experience or incur in connection with Participant's attendance at City Facilities or participation in City programming ("Claims"). Participant hereby releases, covenants not to sue, discharges, and holds harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. Participant understands and agrees that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether before, during, or after Participant's participation in any City program.

**Inclusion Coordinator:**  If the student needs an accommodation to participate, please check the box.

**Helping Hand Fund:** Yes, I would like to contribute \$1 \$5 \$10 or \$\_\_\_\_\_ to the PRCS Youth Scholarship Fund. This fund allows children, youth and teens to enroll in programs who otherwise would not have the opportunity to participate. Please include your donation with this registration. Thank you!

**INFORMATION PROVIDED BELOW WILL BE DESTROYED IMMEDIATELY AFTER REGISTRATION IS PROCESSED**

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_  
*I authorize PRCS to use my credit card for fees in the above listed activities*

\_\_\_\_\_  
 Print Cardholder's Name

\_\_\_\_\_  
 Signature of Cardholder