

Rhineland Figure Skating Club Mini Camp & USFS Test Session

Private Lessons and Partner Practices

Sponsored by the Rhineland Figure Skating Club

April 16 - 19, 2020

A Perfect Opportunity for Testing and Competition Preparation

Coaching Staff

| Coach | 15 Minute Lesson | Biography | Availability |
|--------------------------|-------------------------|--|---------------------------|
| Philippe Poirier | \$22 | Dance Partner – Gold + Int'l (No Austrian/Midnight/Finnstep), Senior Moves | Starting Thursday 4:30 pm |
| Marcie Kierpiec | \$21 | Senior Moves, Int'l Dance, Power Hockey, Choreography | All Sessions |
| Elena Rodrigues | \$16 | Senior Moves, Senior Freestyle and Int'l Dance and Choreography | Starting Friday 1:00 pm |
| Brittyni Carlson | \$15 | Senior Moves, Senior Freestyle, Gold Dance and Choreography | All Sessions |
| Danielle Wolosek | \$15 | Senior Moves, Intermediate Freestyle, Int'l Dance and Choreography | All Sessions |
| Kourtney Rowe | \$14 | Senior Moves, Intermediate Freestyle, Int'l Dance and Choreography | All Sessions |
| Heidi Strosahl | \$8 | Intermediate Moves, Juvenile Freestyle, Silver Dance, Choreography | Evenings |
| Lauryn Cook | \$7.50 | Gold Dance, Senior Moves, Juvenile Freestyle, Choreography | All Sessions |
| Montana Grabowsky | \$7.50 | Gold Dance, Junior Moves, Intermediate Freestyle, Choreography | All Sessions |

US Figure Skating Certified & Insured coaches from other clubs are welcome to bring students and teach during this mini-camp/test session.

Rhineland Figure Skating Club Mini Camp & USFS Test Session

Skater: _____ Home Club: _____ USFS# _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Current USFS Test Level: _____ MIF _____ Dance _____ Freestyle _____

_____ I will be working on competition programs

_____ I plan to test (priority given when test application and payment received with mini-camp registration)

Lesson Requests: Please give us an idea of your desired lesson days and approximate time(s) you would like to skate. We will do our best to schedule your lessons and practice ice accordingly. (Please, feel free to list requests on back of paper)

Please Circle

| | | | | | | |
|---------------|----------------------------|-----------|---------------------------|----|-----------|----|
| ____ Thursday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | am | afternoon | pm |
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| ____ Thursday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | am | afternoon | pm |
| ____ Friday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | am | afternoon | pm |
| ____ Friday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | am | afternoon | pm |
| ____ Friday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | am | afternoon | pm |
| ____ Saturday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | am | afternoon | pm |
| ____ Saturday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | | afternoon | pm |
| ____ Saturday | ____ (# of 15 min) Lessons | _____ Pro | Please schedule lessons : | | afternoon | pm |

*****Please schedule my lessons in 15 min 30 min _____ min blocks. Please allow _____ mins for breaks between lessons.*****

If _____ is not available, my 2nd choice is _____. If _____ is not available, my 2nd choice is _____.

Available Ice and Lesson Times

Thursday: 12:30 pm – 10:00pm Private Lessons/Practice

Friday: 8am – 12:00pm and 2:00pm – 10:00pm Private Lessons/Practice

Saturday: 3:30pm – 10:00pm (start time tentative depending on competition end time)

Ice Fees

Weekend Pass.....Unlimited Thursday/Friday/Saturday sessions.....\$175
 1-Day Pass.....Unlimited Thursday OR Friday sessions.....\$90
 Single Session.....\$15/session
Non-Refundable Administration/Coach Expense Fee per skater.....\$35

All minicamp fees are Non-Refundable.

For further information, please contact: Cathy Brunette or Kelly Clark RFSCCamp@gmail.com

Skater: _____

USFS# _____

| Description | Quantity | Price | Total |
|---------------------------|----------|-------|----------|
| Total Ice Sessions | | | \$ |
| Registration Fee | | | \$ 35.00 |
| Total Due | | | \$ |

Registrations due by *March 16* for scheduling purposes. After March 16, registration accepted as lessons are available.

Make Checks Payable To: Rhinelander Ice Association (RIA)

Mail To: Kelly Clark
5589 Lake End Road
Rhinelander, WI 54501

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the acceptance of _____ as a student in the RFSC minicamp, we, the undersigned student, parent or guardian, agree to assume the risks of participating in the program and waive all claims for any personal injury and/or loss or damage to property and hereby release the Rhinelander Figure Skating Club employees and agents from any liability whatsoever, which may arise as a result of participation in the Rhinelander Figure Skating Club mini camp. This release shall extend to all future damages and injuries of every nature and however sustained, even if due to the negligence or alleged negligence of the Rhinelander Figure Skating Club or their staff or employees. All risks attendant to observing and/or participating in the Rhinelander Figure Skating Club mini camp are hereby assumed by the student and his or her parents and/or guardian and this assumption and release are acknowledged and approved by their signature hereto.

The Rhinelander Figure Skating Club reserves the right to terminate the stay of any student, without refund, when it is deemed to be in the best interest of either the student or the Rhinelander Figure Skating Club.

The Rhinelander Figure Skating Club reserves the right to use any pictures taken during the school for advertising and/or instructional purposes.

I have read the foregoing, explained its meaning to my child or ward and hereby do approve and consent to the terms and conditions stated. I further acknowledge being the parent or legal guardian of the signed applicant that the information given on this application is complete and accurate.

Skater's Signature

Date

Parent/Guardian Signature

Date

EMERGENCY TREATMENT RELEASE FORM

I, _____, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment (Parents/Guardians are responsible for all medical expenses incurred), which in his or her judgment may be deemed necessary in the care of:

Name of Skater

Date of Birth

Physician Name

Physician Phone #

Allergies

Medicines Currently taking

Outstanding medical history

Insurance Company

Policy Number

Name of Subscriber