

# JUMP CLINIC

## WHERE

Lakeland Figure Skating Club  
Lakeland Hawks Ice Arena, Minocqua, WI

## WHEN

April 27, 2019  
9:00 am to 3:00 pm

The clinic combines on-ice and off-ice group instruction for skaters to maximize their full potential. It is designed for skaters working on pre-preliminary levels and higher. (Note: harness instruction will not be included in clinic)

**Register early to secure you space.**

Private lessons available Saturday 5:00 pm to 9:00 pm and Sunday 8:00 am to 2:00 pm

## COST

\$150.00

Contact Penny Kuckkahn at [sk8nlm@gmail.com](mailto:sk8nlm@gmail.com) or 715-493-9352 with questions

Registration and additional information on back

## COACHES

### PETER BIVER

U.S. National Competitor as well as a six time USFS Gold Medalist and professional performer with Holiday On Ice. Professionally coaching full time since 2002, Peter will be focusing on jump drills and exercises.

### SURYA BONALY

10-Time French National Champion, 5- Time European Champion, 3-Time Olympian, 3-Time World Silver Medalist

### ELENA RODRIGUES

A quadruple gold medalist in freestyle, moves in the field, ice dance, and solo free dance and has passed all international dances. She was a ISU Junior World and Four Continents Competitor. She has coached regional competitors through the Senior qualifying level

HOSTED BY

  
Lakeland  
FIGURE SKATING CLUB

## Jump Clinic Registration

Skater Name:	USFS#:
Address, City, State, Zip:	
Parent/Guardian (if under 18):	
Phone:	E-mail:
Home Club:	
Highest USFS Test Passed:	MIF                      Free Skate                      Dance
Primary Coach Name:	

**Check one if attending Jump Clinic**

- |                              |                                      |
|------------------------------|--------------------------------------|
| _____ Working on half jumps  | _____ Working on single jumps        |
| _____ Working on Axel        | _____ Solid Axel, working on doubles |
| _____ 3 or more double jumps |                                      |

**Private lessons** – Scheduled first-come, first-served

Saturday 5:00 pm to 9:00 pm and Sunday 8:00 am to 2:00 pm. All lessons scheduled in 15 minute increments (ice & coaching fees in addition to clinic fee). Skaters may take from multiple coaches. A private lesson schedule will be e-mailed our 1 week prior to the clinic. Lesson fees due on clinic weekend.

Coaches	# of 15 min. lessons	Preferred Time
Peter Biver - \$20/15 min.		
Surya Bonaly - \$25/15 min.		
Elena Rodrigues - \$16/min.		

## Fees

Jump Clinic Registration Fee: Non-Refundable	_____ \$150.00
Late fee if postmarked after 4/1/19: Non-Refundable	_____ \$ 25.00
Private Lesson Only Registration Fee: Non-Refundable	_____ \$ 30.00

Private Lesson Ice Fees: \_\_\_\_\_ X 30 min. X \$7.00 = \_\_\_\_\_

Total: \_\_\_\_\_

**Payment must accompany registration.**

Mail completed registration form to:  
 Penny Kuckkahn  
 Lakeland FSC Jump Clinic  
 6356 Pigeon Rd.  
 Lake Tomahawk, WI 54539  
**Make checks payable to: LHIA**

**MEDICAL CONSENT FORM FOR TREATMENT OF A MINOR CHILD**

To Whom It May Concern: I do, herewith, authorize treatment by a licensed physician of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This is granted only after reasonable effort has been made by the instructor to contact me. This form is completed and signed of my own free will and for the sole purpose of authorizing medical treatment in the event of an emergency.

Name of Minor (s) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Specific Medical Allergies \_\_\_\_\_

Chronic Illnesses or other conditions \_\_\_\_\_

Child's Physician \_\_\_\_\_

Primary Insurance Policy Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

In Case of Emergency, contact \_\_\_\_\_ Phone# \_\_\_\_\_

**WAIVER OF LIABILITY**

In consideration of my participation in activities and sports sponsored by the Lakeland Hawks Ice Association, Inc., I, for myself, my heirs, assigns, beneficiaries, and personal representatives, waive and release any and all rights and claims for damages based on the negligence or otherwise, that I may have against the Lakeland Hawks Ice Association, Inc. as a result of my participation in these activities/sports.

I understand and acknowledge that LHIA shall not be responsible for cancellation of ice due to mechanical failure, weather or any other circumstance beyond their control.

\_\_\_\_\_  
Parent Signature if under 18 Date

**Photo Release**

I, \_\_\_\_\_ hereby authorize the Lakeland Figure Skating Club to use or take or use photographs of \_\_\_\_\_  
(Name of Skater)

for the sole purpose of using such photographs for Club business such as website, brochures, or local media coverage and other such purposes as may be deemed appropriate to benefit the club and it's membership. Such purposes, however, shall not include any commercial endeavors.

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18 yrs.) or Signature of skater (if over 18 yrs.) Date

Form is valid for one year from Date signed.