Timberline Figure Skating Club Camp & USFSA Test Session

Greenheck Fieldhouse

6400 Alderson St, Schofield, WI 54476

May 16-18, 2024 with Test Session May 19, 2024

| Coach | 15 Minute Lesson | Credentials | Availability | |
|-------------------|------------------------|---|-------------------------------------|--|
| Collin Brubaker | \$25-\$35 | Partners all levels of dance, Preliminary through International 2018 Olympic Games competitor, 2-time World Championships competitor, and 2-time Korean National ice dance champion. | All Sessions | |
| Jake Fearnley | \$25-\$35 | Partners all levels of dance, Preliminary through International (Rhumba, Silver Samba, Cha Cha Congelado, Ravensburger Waltz, Tango Romantica ONLY) | All Sessions | |
| Kim Ryan Lewis | \$35 | Specializes in spins | All Sessions | |
| Joel McKeever | \$26 | Gold Skating Skills and Gold Singles. 10-time National Competitor, 9-time International Competitor, 2-time World Competitor, and qualified for the 1998 Olympics. | All Sessions | |
| Sandra Johannson | \$25 | Coaches all levels skating skills and singles | All Sessions | |
| Helen Fearnley | \$20 | Over 20 years of skating experience. Triple gold medalist in Freestyle, Moves in the Field & Ice Dance. International and national competitor for Team Great Britain in Ice Dance and an eight time US Regional competitor in singles skating. Trained under World & Olympic level coaches: Alex Ouriashev, David Santee, Rockne Brubaker, and Stefania Berton. | All Sessions | |
| Heidi Masse | \$20 | Level III Nationally PSA coach ranking, gold singles and skating skills, master choreography American ice theatre certified, certified in choreography with Phillip mills method. | All Sessions | |
| Danielle Wolosek | \$18 | Gold Skating Skills, Pre-Gold Singles, Pre-Silver Pairs, International Dance, Gold Free Dance, Gold Solo Free Dance, 1st Figures | All Sessions | |
| Brittyni Carlson | \$18 | Gold Skating Skills, Gold Singles, Preliminary Pairs, Gold Dance, Gold Solo Free Dance | All Sessions | |
| Kourtney Hyland | \$16 | Gold Skating Skills, Gold and International Dance, and Pre-Silver Singles. | Friday - 12pm-9pm Saturday - All | |
| Montana Grabowsky | \$15 | Gold Skating Skills, Adult Gold Singles, Pre-Silver Pairs, Gold Dance, 9 International Dance, Canadian Gold Dance, Gold Free Dance, Gold Solo Free Dance, Preliminary Figures | All Sessions | |
| Joelle Steiner | \$9 | Preliminary Figures, Bronze Skating Skills, Silver Free Dance and Pre-Gold Dance | Saturday Only | |
| Lea Beckman | \$7.50 | Coaches through Silver Skating Skills, Pre-Bronze Singles, and Silver Dance | Thursday/Friday 5pm-end | |

There is limited availability for US Figure Skating Certified & Insured coaches.

Please email <u>TimberlinefscCamp@gmail.com</u> for walk-on coaching approval before the camp begins.

| Skater: | Age: | Home Club: | USFS# |
|---------|------|------------|-------|
| | | | |

To request lessons: Please list coach preference and lesson length (15/30/45 minutes). Example: **JM/30**You may put two lesson requests in the same session box: Example - *CB 30/KH 15 or* Mark "ICE" for practice ice only. We will do our best to schedule your lessons and practice ice accordingly.

JF = Jake, CB = Collin, KRL = Kim, JM = Joel, SJ = Sandra, BC = Brittyni, HF = Helen, HM = Heidi, KH = Kourtney, DW = Danielle, MG = Montana, JS = Joelle, LB = Lea

| | Thursday 5/16 | Friday 5/17 | Saturday 5/18 | Sunday 5/19 |
|-------------|------------------|----------------|------------------|----------------|
| 8:00-8:15 | | | | |
| 8:15-8:30 | | NO ICE | | |
| 8:30-8:45 | NO ICE | | | |
| 8:45-9:00 | NO ICE | | | |
| 9:00-9:15 | | | | |
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| 10:00-10:15 | | | | |
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| 10:30-10:45 | | | | |
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| 11:00-11:15 | | ZAM | | |
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| 11:30-11:45 | | | | |
| 11:45-12:00 | ZAM | | | |
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| 12:15-12:30 | | | | |
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| 2:00-2:15 | | | | |
| | 7.436 | | | THET SPECIES: |
| 2:15-2:30 | ZAM | | | TEST SESSION |
| 2:30-2:45 | ≥ 1 | | | |
| 2:45-3:00 | e: | | | |
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| 7:00-7:15 | | | | |
| 7:15-7:30 | | | | |
| 7:30-7:45 | | | | |
| 7:45-8:00 | Notes | | | |
| 8:00-8:15 | NO ICE | | | |
| 8:15-8:30 | | | | |
| 8:30-8:45 | | | NO ICE | |
| 8:45-9:00 | <u> </u> | | | |

2024 TIMBERLINE FIGURE SKATING SUMMER CAMP AND TEST SESSION

| registration | ES must accompany the application before particion fee) upon cancellation until April 28, 2024. Ca doctor's excuse provided to the club before the errors if fees are not paid as required. Late arrivals o | ncellations after Apri and of the camp. TFSC | 1 28th are on reserves the | ly refunda right to c | able with | |
|-----------------------|---|---|---|--------------------------|-----------|--|
| | Make checks payable to: Timberline Figure Skating Club (TFSC) | TFSC | Skating Ca | mp Fees | | |
| | Mail to: Timberline Figure Skating Camp C/O Shelly Hinzman PO Box 2082 Wausau, WI 54402 1-10 S 1-10 S 21 Se Dro | | ssions or Fewer \$17 each 20 Sessions \$16 each sions or More \$15 each 9-In Sessions \$20 each s are sold in 45 minutes blocks only) | | | |
| | | Description | Qty | Price | Total | |
| _ | Please Do Not Write in Box Below | Total Ice Session | s | \$ | \$ | |
| | Pate Received: | Registration Fee | - | \$40.00 | \$ | |
| | otal Amount Received: \$ | Total Fees | - | - | \$ | |
| | T. C. | | hes their fee camp. No-sh ustify non-p | ow lessor | | |
| Skater's | s Information | | | | | |
| Address: | | | | | | |
| City: | | State: | Zip: | | | |
| Phone: _ | Email: | | | | | |
| Skating S Dance: P | Test Passed (please circle) Skills: Pre-Preliminary - Preliminary - Pre-Bronz Preliminary - Pre-Bronze - Bronze - Pre-Silver - S Pre-Preliminary - Preliminary - Pre-Bronze - Bro | ilver - Pre-Gold - Go | ld | | Gold | |

Please note: Timberline FSC Members who are participating in the camp/test session will be required to volunteer a minimum of 3 hours. These hours do NOT count towards your annual volunteer commitment.

2024 TIMBERLINE FIGURE SKATING CAMP PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

| In consideration of the accep | otance of | as a student in the Tin | iberline Figure |
|--------------------------------|--------------------------------|--|-----------------------|
| Skating Summer Camp, we, | the undersigned student, pa | rent or guardian, agree to assume the r | isks of participating |
| in the program and waive al | l claims for any personal inj | ury and/or loss or damage to property | and hereby release |
| the Timberline Figure Skatin | ng Club/Greenheck Field Ho | ouse and its employees and agents from | n any liability |
| whatsoever, which may arise | e as a result of participation | in the Timberline Figure Skating Sum | mer Camp. This |
| release shall extend to all fu | ture damages, illnesses, and | injuries of every nature and however s | sustained, even if |
| due to the negligence or alle | eged negligence of the Timb | erline Figure Skating Camp/Greenheck | Field House or |
| their staff or employees. All | risks attendant to observing | g and/or participating in the Timberline | Figure Skating |
| Camp are hereby assumed b | y the student and his or her | parents and/or guardian and this assum | ption and release |
| are acknowledged and appro | oved by their signature here | to. The Timberline Figure Skating Cam | p reserves the right |
| to terminate the stay of any | student, without refund, who | en it is deemed to be in the best interes | t of either the |
| student or the Timberline Fi | gure Skating Camp. The Tir | mberline Figure Skating Camp reserves | s the right to use |
| any pictures taken during th | e camp for advertising and/o | or instructional purposes. I have read the | ne foregoing, |
| explained its meaning to my | child or ward, and hereby | do approve and consent to the terms an | d conditions stated. |
| I further acknowledge being | the parent or legal guardian | n of the signed applicant that the inform | nation given on this |
| application is complete and | accurate. | | |
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| | | | |
| Skater's Signature | Date | Parent/Guardian Signature | Date |
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| | EMERGENCY TREAT | MENT RELEASE FORM | |
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| | | rgency treatment center to render m | |
| | _ | expenses incurred), which in his or | her judgment may |
| be deemed necessary in the | ne care of: | | |
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| Name of Skater | Date of Birth | Allergies/Medicines | ourrently taking |
| Name of Skater | Date of Birtin | Anergies/Wedienies | Junearly taking |
| | | | |
| Physician Name | Physician Phone # | Outstandin | g medical history |
| | | | |
| Insurance Company | Policy Number | Name | e of subscriber |
| | | 1 (MIII) | |