



Edges of Winter Figure Skating Camp

December 27-29, 2011

Registration Deadline December 1, 2011

Please print

Skater's Name _____ Age _____ ISI Tested Level* _____ USFSA Test * _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____

Daytime Phone _____ Cell Phone _____ E-mail address _____

*All levels must be verified below

Registration Details

- A 50% deposit is required for each application.
- Balance of the fee is due no later than December 1st, 2011.
- Refunds WILL NOT be issued due to weather conditions.
- Camp fees are refundable only with medical verification and prior to December 1st, 2011. NO EXCEPTIONS!
- Questions? Please contact **Chris Morris, Camp Director** kraft@itctel.com or (605) 690-2127
- Visit our website at www.brookingsfsc.com for more information and schedules.

ISI Testing Available:

- Basic skills - Freestyle 3 - \$5
- Freestyle 4 and above - \$10

Freestyle Private Lesson Request

- Edges of Winter will confirm lessons before payment is required.
- Coach Fee \$24 per 20 minute session
- Lessons are scheduled on a first come, first served basis.
- Each skater may request up to 2 lessons with our coaches.
- Additional private lessons may be available upon check-in.
- View coach information on our web site, www.brookingsfsc.com and click on Edges of Winter Figure Skating Camp.

Coaches: Barb Yackel or Jane Schaber

#1 _____ #2 _____

- One Private Lesson \$24
- Two Private Lessons \$48

Select the Commuter/'Day' camp you wish to attend:

Camp	Fee**
○ Basic Skills (Alpha – Delta) Tuesday, December 27 (BFSC Coaches)	\$45
○ Freestyle (passed Delta and above) Wednesday, December 28	\$125
○ Freestyle (passed Delta and above) Thursday, December 29	\$125
○ Freestyle Camp – both Wed and Thurs	\$225

On-ice & Off-ice topics may include:

Edges Goal Setting Jumps
 Spins Off-ice Jumping
 Preparing for Competition Footwork
 Artistry/Presentation
 Power Conditioning
 Competition Routine Critiques

Payment

**All camp fees are due by Dec. 1, 2011. Make your check or money order payable to:

Brookings Figure Skating Club

Mail to: Brookings Figure Skating Club
Attn: Chris Morris
188 E. Lake Drive
Estelline, SD 57234

Payments postmarked after Dec 1, 2011, will be subject to a \$50 late fee upon check-in. Returned checks are subjected to a \$30 fee.

*Mandatory Coach Verification

The most current passed level on this form is true and correct.

Coach Signature

Phone number

email address

Waiver and Release

In consideration of being allowed to participate in any way in the Edges of Winter Figure Skating Camp related events and activities, including but not limited to programs at the camp and off-site, I hereby agree/give my consent for me/my child, (as parent or guardian) to participate. I understand that refunds will not be issued due to weather conditions. I also understand that camp fees are only refundable with medical verification prior to December 1, 2011.

I acknowledge that ice skating is inherently dangerous, I agree that Edges of Winter, their agents, servants, and employees shall not be liable to me (my child) for any injury or damage, however caused, resulting directly or indirectly from my child's participation in the camp whether incurred on the ice or otherwise in or about the buildings at any time preceding, during or subsequent to the camp and I hereby discharge Edges of Winter, their agents, servants, and employees from all actions, claims, and demands I (my child) may have for any such injury and damage.

I further acknowledge and agree that Edges of Winter and camp do not insure and will not be expected, at any time to insure, the safety or the proper state of repair of my child's equipment used by my child during the camp; and that Edges of Winter does not and shall not be considered to guarantee or warranty the instructional materials used by it during the camp.

I also understand that my agreement, releases, and discharges herein shall bind my heirs, legal representatives, and assigns, and shall endure to the benefit of Edges of Winter their agents, servants, and employees and their successors and assigns.

Parent or Guardian's Signature

Date

Phone #

EMERGENCY MEDICAL INFORMATION

Medical Insurance _____ Policy# _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Please list any Medical Conditions: _____

Allergies: _____ Medications: _____

I hereby authorize the acting representative of Edges of Winter or any physician and/or member of the medical staff of any hospital or emergency treatment center to render medical treatment, which in his/her best judgment may be deemed necessary in

the care of _____. I do hereby release, indemnify, and agree to hold harmless Edges of Winter from all costs and/or liability arising from medical treatment or transportation.

Parent or Guardian's Signature

Date

MEDIA RELEASE

Sometimes a newspaper reporter may ask to interview or take pictures of camp participant(s). There will also be times when pictures and/or information about the camp will be posted on the Edges of Winter web page. Edges of Winter periodically uses photographs of camp participants in its advertising/marketing material. This media release statement will serve as permission to use such information as needed.

I acknowledge and agree that Edges of Winter reserves the sole and exclusive right to use any photographs taken during the camp for advertising and/or instructional purposes, without cost or charge whatsoever to Edges of Winter.

Camp Participant's Name

Parent or Guardian's Signature

Date

Edges of Winter

Figure Skating Camp
December 27-29, 2011



Sponsored by the
Brookings Figure Skating Club