

# **2004 Midwest Synchronized Skating Clinic**

## **On Ice Activities**

Ice Dancing \* Synchronized Skating Maneuvers \*  
Transitions \* Presentation \* Stroking

## **Off Ice Activities**

Ballet \* Jazz \* Aerobics \* Choreography \*  
Self Evaluation and Training Journals \*  
Team Motivation \* Judging Criteria

## **Private Sessions**

Teams may sign up for private choreography  
sessions with Marianne Selbert or  
Sundae Bafo-Lebel for an additional fee.

## **Housing**

Out of town skaters are welcome to stay with a  
Crystallette host family! Simply state your hous-  
ing preference on your registration form. Ask  
for a listing of local "host" hotels if interested.

## **Lunch**

Lunch consists of a piece of fresh fruit, chips,  
cookie, water bottle and your selected entrée.  
Subway choice is on 6" white bread with lettuce  
and tomato. Additional condiments are available.

### **For More Information...**

Cathy Young (734) 354-0361

DfscSk8rs@aol.com

www.dfsc.ws

Registration Deadline: June 20, 2004

# **2004 Midwest Synchronized Skating Clinic Staff**

**Lisa Darken**

Coach of  
Junior World Team Chicago Jazz

**Marianne Selbert**

Former choreographer of the New York  
Radio City Music Hall *Rockettes*

**Sundae Bafo-LaBel**

PSA Master Rated Synchro Coach

**Charles Butler**

Olympic Ice Dancer

**Debbie Kiefiuk M.Ed., C.S.C.S.**

Excel Performance Enhancement  
Sports Psychology

**Mike Vigilante**

BS Exercise Physiology  
Professional Hockey Player

**Simone Calvas**

Royal Academy of London, Ballet Instructor

**Jeannette Davey**

International Judge, USFSA Synchronized Skating

**Dan Galeski**

Music Editing, Original Scores and Sound Effects

**Chuck Cope**

Sectional Judge, USFSA Synchronized Skating

&

The Entire Crystalette Coaching Staff

## REGISTRATION FORM

Please complete this form, *sign the release* on the opposite side and return with full payment by June 20, 2004, to:

**Midwest SS Clinic**  
**P.O. Box 5581**  
**Dearborn, MI 48128**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **Yes!** I'm interested in staying with a  
Crystallette host family. Skater's age is: \_\_\_\_\_  
\_\_\_\_\_ I'm making my own housing arrangements.

### SYNCHRONIZED SKATING TEAM & DIVISION:

Team: \_\_\_\_\_ Division: \_\_\_\_\_

*Moves Level* Passed: \_\_\_\_\_

*Dance Level* Passed: \_\_\_\_\_

*Freestyle Level* Passed: \_\_\_\_\_

### REGISTRATION & PREORDERS:

Skater Fee: \$150.00

Coach Fee: (waived if 10 skaters attend) \$ 50.00

*T-Shirt* CM CL AS AM AL AXL \$ 12.00

*Hoodie* CM CL AS AM AL AXL \$ 20.00

*Boxers* CM CL AS AM AL AXL \$ 15.00

*Available at \$5/day: Circle which day you'd prefer.*

*Subway Ham/cheese* Sat Sun \$ \_\_\_\_\_

*Subway Turkey/cheese* Sat Sun \$ \_\_\_\_\_

*Subway Veggie/cheese* Sat Sun \$ \_\_\_\_\_

*Pizza Slice* Sat Sun \$ \_\_\_\_\_

*Hot Dog* Sat Sun \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

***Please make check payable to: Dearborn FSC***

# **RELEASE**

**Parents/Adult Participants,  
Please complete this release as indicated below:**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, voluntarily desire to enroll myself/my child in the Midwest Synchronized Skating Clinic being held on July 23—25, 2003 at the Dearborn Ice Skating Center.

I understand all of the inherent dangers, risks and hazards associated with synchronized skating and related activities.

In consideration of being permitted to enroll, I hereby voluntarily assume all the risks of accident or injury to my person or property, whether foreseen or unforeseen. I hereby release the Dearborn Figure Skating Club and the City of Dearborn, their employees, agents and representatives from any claim, liability, demand or suit of any kind sustained whether or not caused by negligence of the Midwest Synchronized Skating Clinic, its employees, agents and representatives harmless from any claim, liability, demand or suit arising out of any alleged malfeasance, misfeasance, or nonfeasance arising in connection with the Midwest Synchronized Skating Clinic. This release shall be binding upon my heirs, administrators, executors and assigns.

I represent that I am of lawful age and legally competent to sign this release; that I understand that the terms herein are contractual; and that I have signed this document as my own free act.

By signing this release, I certify that I have read and fully understand the conditions herein provided.

\_\_\_\_\_  
Parent/Guardian/Adult Participant Signature

\_\_\_\_\_  
Date