



2006 ANNUAL ICE DANCE CLINIC
Presented by:
THE KALAMAZOO FIGURE SKATING CLUB
July 8th, 2006

The 2006 Partner Clinic will be held at Twin Star Ice Arena located at 5076 Sports Drive, Kalamazoo, MI 49009 on July 8th, 2006. The rink that will be utilized has a 200 x 85 foot surface. This facility offers ample parking, numerous dressing rooms, and both a concession stand and a full restaurant overlooking the rink.

The partner clinic is designed to promote ice dancing and excite skaters by offering quality level instruction. The clinic is broken down into four segments: Off Ice Clinics, On Ice Clinics, Training sessions and Drill Segments. The Off Ice Clinic is teach steps, tracking and partnering skills needed for that levels focus dance. The On Ice Clinic provides further instruction and demonstrations with the dance partners. The Training Segment provides skaters an opportunity to skate all the dances in their level with the partners. The Drill Segment is to help skaters on skills needed to pass their current level of dances. Please join us for the presentation with "Physics on Ice" inventor Charles Butler. He will be here to promote his new series.

PARTNERS/SPEAKERS: Charles Butler, Olympic Competitor; Patrick Connolly Jr., 6 time National Competitor; Jennifer Heurlin-Brenne, 6 time National Competitor, 4 time World Junior Team member; Augie Hill, 2 time National Junior Bronze Medalist, 6 time National Competitor, 5 time member of Team USA; Elizabeth Hill, 2 time National Competitor with triple gold qualifications; Joshua Smith, 1998 Sectional Champion with double gold qualifications. Partners are subject to change.

DANCE SESSION: The dance session is available for private instruction with the partners for an additional cost to all clinic prices. You must register for a package or add the dance session in order to schedule a private lesson. Private lessons will be given in 15 minute increments. Package "D" participants will have 1st priority for private lessons.

ELIGIBILITY: This clinic is open to all amateurs or reinstated amateurs who are U.S. Figure Skating members and in good standing.

RULES: NO freestyle or moves will be allowed. Appropriate skating attire must be worn at all times. Coaches are welcome to attend with their students for a fee of \$50.00. Coaches bringing 6 or more students may participate for free. Coaches are required to bring a copy of USFS card & Liability Insurance. In the event of low enrollment, the clinic may be revised or cancelled.

ENTRIES & FEES: All entries must be postmarked by June 19th, 2006. Late entries may be accepted at the discretion of the directors accompanied by a \$25.00 late fee. Entry fees are per person, per event in US dollars. A \$35.00 service fee will be assessed for all returned/NSF checks.

Package A / Introduction to Ice Dancing	\$35.00
Package B	\$65.00
Package C	\$75.00
Package D	\$85.00
Coaches	\$50.00

CONTACTS: Jessica LaPorte (269) 353-9668 or Amy Bauer (269) 598-9184.

PACKAGE A \$35.00
§ Introduction to Dance
§ Physics on Ice

COACHES	COST
All	\$50.00
With 6 or more skaters participating	No Charge

PACKAGE B \$65.00	PACKAGE C \$75.00	PACKAGE D \$85.00
§ 1 Off Ice Clinic	§ 1 Off Ice Clinic	§ 1 Off Ice Clinic
§ 1 On Ice Clinic	§ 1 On Ice Clinic	§ 1 On Ice Clinic
§ 1 Training Session	§ 1 Training Session	§ 1 Training Session
§ 1 Drill Segment	§ 1 Drill Segment	§ 1 Drill Segment
	§ General Drill Segment	§ General Drill Segment
		§ Physics on Ice
		§ Dance Session
		§ Private Lessons can be added for an additional cost to the dance session.

EACH ADDITIONAL:	COST
Off Ice Clinic	\$10.00 each
On Ice Clinic	\$15.00 each
Training Session	\$15.00 each
Drill Segment	\$15.00 each

DANCE SESSION	COST
Pre – registered	\$15.00
Walk – On	\$18.00

SCHEDULE OF EVENTS

Dance Session
9:00 – 10:00 AM

Gold *Focus dance: Argentine Tango*
12:45 - 1:05 PM Off Ice Clinic
1:15 - 1:45 PM On Ice Clinic
1:45 – 2:15 PM Training
2:30 – 3:00 PM Drill Segment

Pre-Gold *Focus dance: Starlight Waltz*
12:30 – 12:50 PM Off Ice Clinic
12:45 - 1:15 PM On Ice Clinic
1:45 – 2:15 PM Training
2:30 – 3:00 PM Drill Segment

Silver *Focus dance: Harris Tango*
10:00-10:20 AM Off Ice Clinic
10:30 – 11:00 AM On Ice Clinic
11:00-11:30 AM Training
11:30 AM – 12:00 PM Drill Segment

Pre-Silver *Focus dance: European Waltz*
9:15 - 9:45 AM Off Ice Clinic
10:00 -10:30 AM On Ice Clinic
11:00 – 11:30 AM Training
11:00 AM – 12:00 PM Drill Segment

Bronze & Pre-Bronze *Focus dance: Ten Fox*
2:30 - 2:50 PM Off Ice Clinic
3:00 - 3:30 PM On Ice Clinic
3:30 – 4:00 PM Training
4:00 – 4:30 PM General Drill Segment

Introduction to Ice Dance (Package A)
11:30 AM – 12:00 PM Off Ice Clinic
12:15 – 12:45 PM On Ice Clinic

General Dance Drill Segment
4:00 – 4:30 PM On Ice

Physics on Ice
4:30 – 5:30 PM On Ice

Another form of the Schedule

9:00 – 10:00 a.m.	DANCE SESSION	Private lessons available
9:30 – 9:50 a.m.	Pre – Silver Off Ice Clinic (20 minutes)	
10:00 – 10:30 a.m.	Pre – Silver On Ice Clinic (30 minutes)	Silver Off Ice Clinic (20 minutes)
10:30 -11:00 a.m.	Silver On Ice Clinic (30 minutes)	
11:00 – 11:30 a.m.	Silver & Pre-Silver Training	
11:30 a.m. – 12:00 p.m	Silver & Pre-Silver Drill Segment (30 minutes)	Introduction to Ice Dancing Off Ice (30 minutes)
12:00 – 12:15 p.m.	RESURFACE	
12:30 – 1:00 p.m.	Pre – Gold Off Ice Clinic (20 minutes)	
12:15 – 12:45 p.m.	Introduction to Ice Dancing On Ice Clinic (30 minutes)	
12:45 – 1:15 p.m.	Pre – Gold On Ice Clinic (30 minutes)	Gold Off Ice Clinic (20 minutes)
1:15 – 1:45 p.m.	Gold On Ice Clinic (30 minutes)	
1:45 p.m. – 2:15 p.m.	Pre – Gold & Gold Training	
2:15 – 2:30 p.m.	RESURFACE	
2:30 – 3:00 p.m.	Pre – Gold & Gold Drill Segment (30 minutes)	Bronze & Pre - Bronze Off Ice Clinic (20 minutes)
3:00 – 3:30 p.m	Bronze & Pre - Bronze On Ice Clinic (30 minutes)	
3:30 – 4:00 p.m.	Bronze & Pre – Bronze Training	
4:00 – 4:30 p.m.	GENERAL DRILL SEGMENT	
4:30 - 5:30 p.m.	PHYSICS ON ICE	BY: CHARLES BUTLER

Registration Form

Name of skater: _____ Age _____ Birthdate _____

Female _____ Male _____ USFS# _____ Home Club _____

Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____ Phone _____

List the highest dance level completed _____ Last Dance passed: _____

Coach _____ Phone _____

Email _____

PLEASE MAKE ALL CHECKS PAYABLE TO KALAMAZOO FIGURE SKATING CLUB (KFSC).

You must register for a package (A, B, C, D, or coach). Then you may add additional Off Ice Clinics, On Ice Clinics, Training Sessions or Drill Segments., if desired. Make sure to indicate what level you are registering for.

Package Selection (circle one)	A	B	C	D	Coach
	\$35	\$65	\$75	\$85	\$50

Dance Level		Total	
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Additions:

Off Ice Clinic			
\$10.00 each	(please indicate level)		

		Total	
(please indicate level)			

On Ice Clinic			
\$15.00 each	(please indicate level)		

		Total	
(please indicate level)			

Training Session			
\$15.00 each	(please indicate level)		

		Total	
(please indicate level)			

Drill Segment			
\$15.00 each	(please indicate level)		

		Total	
(please indicate level)			

Dance Session			
	x \$15.00 per skater		
		Total	

TOTAL AMOUNT DUE \$ _____

Emergency Information/ Waiver of Liability/ Photograph Waiver

In consideration for being allowed to participate in the "Ice Dance Clinic" the undersigned hereby releases and forever discharges the Kalamazoo Figure Skating Club and Twin Star Ice Arena of and from any and all responsibilities or claims of any nature whatsoever for any injury sustained by the below named skater while participation in or in transit to or from any function or activity sponsored by Kalamazoo Figure Skating Club. The Undersigned hereby grants permission to Kalamazoo Figure Skating Club to obtain any necessary emergency services at the expense of the Undersigned, should injuries be incurred by the below named skater. The Undersigned also grants permission for photographs and pictures of the below named skater or Undersigned to be taken and released for publication.

Skaters Name	_____	Preferred Hospital	_____
Physician	_____	Telephone	_____
Dentist	_____	Telephone	_____

PLEASE LIST ANY ALLERGIES:

I acknowledge that I have read this release, waiver of liability, and express assumption of risk agreement and fully understand it.

Signature of Participant

_____ Date _____

Signature of Guardian:

_____ Date _____

ENTRIES MUST BE POSTMARKED BY: June 19th, 2006

MAIL FORM & FEES TO: KALAMAZOO FIGURE SKATING CLUB
C/O Amy Bauer
4402 Hemingway Drive
Kalamazoo, MI 49009