

# Skate Midland Summer Blast

## *Figure Skating Camp*

- \*Ages 5 to 16
- \*New skaters up through Preliminary
- \*On-ice skills, artistry, fitness, and more!



- \*Staff includes Regional, Sectional and National level coaches
- \*Led by Skating Director Steve Hartsell; 1999 U.S. National Pair Champion

*Wednesday, August 21<sup>st</sup>, 2013*

9:00 a.m. to 4:00 p.m.

Midland Civic Arena 405 Fast Ice Drive Midland, MI 48642

**\$75**

*Includes t-shirt & skate rental*

**Register by July 21<sup>st</sup>**



<http://www.midlandfigureskatingclub.org/>

# Camp Information

Camp will take place at the Midland Civic Arena; 405 Fast Ice Drive, Midland, MI

\$75 camp fee due July 21<sup>st</sup>

Camp registration is not refundable for any reason

Rental skates, if needed, are included in the camp fee

Fees are not reduced for skaters providing their own skates

All skaters will receive a camp T-shirt

Groups will be divided appropriately by skating level / age

Groups may be mixed boys/girls

Skaters will rotate between on-ice and off-ice stations

There will be helpers available for skate tying

Skaters should be able to dress themselves without assistance as well as use the restroom without assistance

Skaters must bring a healthy sack lunch

This is a “drop-off” camp. You are free to stay and observe from the lobby or bleachers

Skaters must be picked up by 4:15 p.m. There will be a \$15 charge assessed per 15 minutes after 4:15 p.m.

Please send the following items with your skater:

- Gloves
- Helmet (for new skaters / under age 7)
- Healthy sack lunch
- Bottled water
- Sunblock - optional (must be able to apply themselves)
- For on-ice activities, dress in layers; tights, pants/skirts, top, jacket (without a hood)
- For off-ice activities; shorts, tank top or t-shirt, tennis shoes with socks

[contactus@midlandfigureskatingclub.org](mailto:contactus@midlandfigureskatingclub.org)

Steve Hartsell, Skating Director: 248-762-5201

# Skate Midland Summer Blast

## REGISTRATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone : \_\_\_\_\_

Skating Club: \_\_\_\_\_ USFS #: \_\_\_\_\_

T-Shirt Size (circle one):

Child Small (4-6)      Child Medium (8-10)      Child Large (12-14)      Child X-Large (16-18)

Adult Small      Adult Medium      Adult Large

Skate Rental Needed?    Y      N      Shoe Size: \_\_\_\_\_

- ☐ I am new to skating  
☐ I have skated recreationally  
☐ I have taken skating lessons. My current skill level is \_\_\_\_\_

I intend to compete at Skate Midland on November 2<sup>nd</sup>:  
Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

Checks payable to Midland Figure Skating Club  
Please mail registration form, waiver and payment to:

MFSC – Summer Blast  
405 Fast Ice Drive  
Midland, MI 48642

Must be postmarked by July 21<sup>st</sup>  
No refunds for any reason



# Waiver and Release

## **DECLINE MFSC Use of photographs:**

I parent/guardian of **DO NOT** authorize Midland Figure Skating Club member and affiliates to take and use photographs of above child for use in newspapers, flyers, web site, or related publicity to promote the MFSC.

Signature\_\_\_\_\_Date\_\_\_\_\_

## **WAIVER OF RESPONSIBILITY**

The Midland Figure Skating Club and organizers of the Skate Midland Summer Blast undertake no responsibility for damages or injuries suffered by any skater. As a condition of, and in consideration of their enrollment, all enrollees and their parents and guardians shall be deemed to agree to assume all risks of injury to their person and property resulting from or caused by, or connected with conduct and management of the club ice program, and to waive and release any and all claims which they may have against the Midland Figure Skating Club, its officers, and/or employees and staff.

## **EMERGENCY CONTACT INFORMATION**

Name of Skater \_\_\_\_\_

1. Phone: \_\_\_\_\_

2. Phone: \_\_\_\_\_

3. Phone: \_\_\_\_\_

Skater's physician Name and Phone: \_\_\_\_\_

Insurance Policy Carrier and #: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

I understand that this is a drop-off camp. I will be required to drop my skater off between 8:45-9:00 a.m. and to pick up between 4:00-4:15 p.m. If I am late picking my skater up, I understand that I will be charged \$15 per 15-minutes that I am late.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_