



SPRING FIGURE SKATING CLINIC

****ALL INCLUSIVE****

The Clinic is designed to provide a Complete Training Program for the beginner, test and competitive skaters who wish to “aspire higher.” The coaching staff will provide a supervised and disciplined program. Private lessons with your coach during the camp will be billed separately.

SATURDAYS @ HOLIDAY RINKS
APRIL 17, 24, MAY 1, 8, 15, 22, 29

Please bring with you:

Mask

Water Bottle

A Healthy Snack (ex. Protein Bar, Apple, Sandwich)

SATURDAYS - TRACK 1
Pre-Free Skate - Preliminary

9:30-10:00 Turns, Edges and Style
10:00-10:45 Practice
10:45-11:00 Powerskating

SATURDAYS - TRACK 2
Pre-Juvenile – Senior

8:00-8:15 Style/ Edges
8:15-8:30 Style / Choreography
8:30-8:45 Buddy Up!
8:45-9:30 Practice
9:30-9:45 Variety Class
9:45-10:00 Brief Break (Healthy Snack)
10:00-10:45 Practice (Program Run Throughs)
10:45-11:00 Powerskating

TERMS

- * **Parents are recommended to drop off skaters on Clinic Day.**
- * Enrollment is limited & will be accepted on a first come, first served basis.
- * There will be a \$50 fee for all returned checks.
- * **NO MAKEUPS – NO REFUNDS**
- * Credits/Refunds will only be considered with an authorized medical excuse.
- * There will be no additional charges.
- * Private lessons will be billed separately.
- * Off-ice and on-ice harness will be billed separately.
- * Skate Great assumes no responsibility for any accident or injury to any participant.
- * Training Clinic payment must be made separately. Ice cards cannot be used for clinic.

Levels subject to change based on enrollment and Freestyle level.
Skate Great reserves the right to cancel any category due to low enrollment.

WWW.SK8GR8.COM

ALL-INCLUSIVE PACKAGE RATE

Saturdays Track 1: \$175.00 / 7 weeks

Discounted price of \$165 if paid in full by April 1st!

Walk-On- \$30 per day

Saturdays Track 2: \$315.00 / 7 weeks

Discounted price of \$300 if paid in full by April 1st!

Walk-On- \$50 per day

Skate Great

PO Box 67

Cheektowaga, NY 14225

Complete below and return with check OR Register Online at www.SK8GR8.com

SPRING TRAINING CLINIC 2021 REGISTRATION FORM

Name: _____ Birthdate _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Coach _____

Highest Freestyle Passed: _____ Highest Moves In The Field Passed: _____

Club: _____ E-MAIL (**print clearly**): _____

_____ Saturdays Track 1 – \$175 (*\$165 before 4/1*) _____ Saturdays Track 2 - \$315 (*\$300 before 4/1*)

Total amount paid: _____ Check # _____ Date: _____

SKATE GREAT COVID Waiver - COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me or my child of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I acknowledge my responsibility not to allow my child to practice if exhibiting symptoms of COVID-19. If, however, I (or my child) observe any symptoms during participation or practice, we have agreed to discontinue participation, and will bring such to the attention of the coach immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SKATE GREAT, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I or my child may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the session for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for Skate Great to use photographs my child. ____ No, I do not authorize Skate Great to use any photographs of my child.

Print Name: _____ Signature: _____ Date: _____

Skate Great assumes no responsibility for any accident or injury to any participant. No Refunds / Exchanges. \$50.00 fee for all returned checks.