



SPRING FIGURE SKATING CLINIC

****ALL INCLUSIVE****

SATURDAYS: APRIL 20, 27, MAY 11, 25, June 1

****NO TRAINING CAMP MAY 4 & 18****

Holiday Rinks
3465 Broadway St.
Cheektowaga, NY 14227

Clinic Includes:

- Figures
- Jump Technique Classes
- Champion Cord Instruction
- Ice Theatre & Style Classes
- Strength & Conditioning
- Program Exhibition Day
- Plus, much more!!

*All Inclusive Training Program for skaters
Basic 6-Senior Levels*



****ONLINE REGISTRATION!****



www.SK8GR8.com

RISING STARS CLINIC

- ❖ Learn in a team environment
- ❖ Variety of coaching styles
- ❖ Group Classes are more cost efficient
- ❖ Educational and Fun!

All Rising Stars and Learn-to-Skate Skaters Basic 6+ are welcome!

9:35 – 9:50	Off-Ice Warm up Class - Sneakers
10:00 – 10:15	Style Class
10:15 – 10:30	Spins OR Edge Elements Class
10:30 – 10:45	Jumps/Jump Drills Class
10:45 – 11:00	Practice
11:10 – 11:30	Off-Ice Class

Make checks payable to: Skate Great
Or Register Online at www.SK8GR8.com

TERMS

- * Parents are strongly recommended to drop off skaters on Clinic Day.
- * Enrollment is limited and will be accepted on a first come, first served basis.
- * Payment made by April 13th will receive a discount – full package only.
- * Full payment is due by April 20th 2024 – for full package.
- * There will be a \$0 fee for all returned checks
- * NO MAKEUPS – NO REFUNDS
- * Credits/Refunds will only be considered with an authorized medical excuse.
- * Private lessons 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.

RISING STARS CLINIC SPRING 2024 SESSION REGISTRATION FORM

COST: \$100.00 (Before 4/13) \$110.00 (After 4/13)

Pay on or before April 15th and receive a discount – full package only (Walk-on fee: \$25/day)

Name: _____ Age _____

Address: _____ City _____ Zip _____

Phone: _____ Birthdate: _____ Email _____

Coach (optional): _____ Highest Badge Level Passed: _____

Total amount paid: _____ Check # _____ Date: _____

SPRING TRAINING CLINIC 2024

The Saturday training program is designed to provide a “COMPLETE TRAINING PROGRAM” for the beginner, test, and competitive skater who wishes to “aspire higher.”

The coaching staff will provide a supervised and disciplined program.

*This is an ALL-INCLUSIVE program with no extra charges!
Private lessons with your coach during the camp will be billed separately.*

Please bring with you:

Sneakers (Important!)

Notebook

Water Bottle

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

SCHEDULE

Holiday Rinks

Broadway Street

Cheektowaga, NY 14227

TRACK 1: ASPIRE 2 - PRE-PRELIMINARY
TRACK 2: PRELIMINARY - SENIOR

7:40 – 7:55 Off-Ice Warmup

8:00 – 8:15 Style/Edges (Track 1 & 2)

8:15 – 8:30 Spins OR Edge Elements (Track 1 & 2 SEPARATE CLASSES)

8:30 – 8:45 Jumps/Jump Drills (Track 1 & 2 SEPARATE CLASSES)

8:45 – 9:45 Practice

9:45 – 10:00 Powerskating

10:15 – 11:00 Off-Ice Class

Levels subject to change based on enrollment and Freestyle level.

Skate Great reserves the right to cancel any category due to low enrollment.

Skate Great assumes no responsibility for any accident or injury to any participant.

*Guest coaches are welcome, with permission from the Director.
Call Jessica Roswell - 580-3458*

Register online at www.sk8gr8.com

ALL-INCLUSIVE PACKAGE RATE

Track 1 & 2: \$175.00 (Aspire 2 - Senior)

Pay on or before April 13th and receive a discount \$160.00 - full package only

Walk-on fee: Track 1 & 2 \$40/day

TERMS

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- * Payment made by April 13th will receive a discount – full package only.
- * Full payment is due by April 20th, 2024 – for full package.
- * 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.

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SPRING TRAINING CLINIC 2024 REGISTRATION FORM

Name: _____ Age _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Coach _____

Birthdate: _____ Highest Freestyle Passed: _____

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

_____ **Track 1-2** (\$160 Before 4/13, \$175 After 4/13, Walk-on \$40/day)

Total amount paid: _____ Check # _____ Date: _____