



# SPRING TRAINING CLINIC 2025

**\*\*ALL INCLUSIVE\*\***

SATURDAYS: APRIL 26, MAY 3, 10, 24, 31, JUNE 7

**\*\*NO TRAINING CLINIC MAY 17 DUE TO SPRING SKATE FESTIVAL\*\***

Holiday Twin Rinks  
3465 Broadway Street  
Cheektowaga, NY 14227

For ALL skaters Basic 6 - Senior Levels!

Clinic Includes:

Fundamentals of Figures

Style Classes

Jump and Spin Technique Classes

Champion Cord Instruction

Strength & Conditioning

and much more!



**\*\*ONLINE REGISTRATION\*\***

**[www.SK8GR8.com/registration](http://www.SK8GR8.com/registration)**

# RISING STARS CLINIC

Learn in a team environment  
Variety of coaching styles  
Group classes are more cost efficient  
Educational and fun!

***All skaters Basic 6 – Aspire 1 levels are welcome!***

Schedule:

8:35 – 8:50

9:00 – 9:15

9:15 – 9:30

9:30 – 9:45

9:45 – 10:00

10:10 – 10:30

Off-Ice Warm Up Class – Sneakers

Practice

Stroking & Style Class

Spins & Edge Elements Class

Jumps/Jump Drills Class

Off-Ice Class – Sneakers

**Make checks payable to: Skate Great**  
OR  
**Register Online at: [www.sk8gr8.com/registration](http://www.sk8gr8.com/registration)**

**Terms and Conditions:**

- \* 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 19<sup>th</sup>, 2025 will receive a discount – full package only.
- \* Regular full package payment is due by April 26<sup>th</sup>, 2025.
- \* There will be a \$30.00 fee for all returned checks.
- \* NO MAKEUPS, NO REFUNDS – Credits or refunds will only be considered with an authorized medical excuse.
- \* Private lessons will be billed separately by individual coach(es).
- \* Skate Great assumes no responsibility for any accident or injury to any participant.
- \* Training Clinic payment must be made separately. Ice cards will not be accepted.

**RISING STARS, SPRING TRAINING CLINIC 2025 – REGISTRATION FORM**

**COST:** Early Bird Discount - Full Package Only: **\$120.00** (pay by 4/19/2025)  
Regular Full Package: **\$132.00** (pay by 4/26/2025)  
Walk-On Fee: **\$25.00/day**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Head Coach (optional): \_\_\_\_\_ Highest Badge Level Passed: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

# FIGURE SKATING CLINIC

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 clinic will be billed separately.*

***All skaters Aspire 2 – Senior levels are welcome!***

## **Please bring with you:**

Sneakers

Water Bottle

Yoga Mat

Jump Rope

A Snack (ex. Protein Bar, Fruit, Sandwich)

## **SCHEDULE**

**Track 1: Aspire 2 – Pre-Preliminary**

**Track 2: Preliminary – Senior**

7:40 – 7:55	Off-Ice Warm Up
8:00 – 8:15	Figures Class (Track 1 & 2)
8:15 – 8:30	Style & Movement Class (Track 1 & 2)
8:30 – 9:15	Practice
9:15 – 9:30	BREAK
9:30 – 9:45	Spins OR Edge Elements Class (Tracks 1 & 2 SEPARATE)
9:45 – 10:00	Jumps/Jump Drills Class (Tracks 1 & 2 SEPARATE)
10:00 – 10:45	Practice
10:45 – 11:00	Power Skating Class
11:15 – 12:00	Off-Ice

Levels subject to change based on enrollment and Singles 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: (716) 580-3458***

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## **FIGURE SKATING, SPRING TRAINING CLINIC 2025 – REGISTRATION FORM**

### **COST (Track 1 & 2):**

Early Bird Discount - Full Package Only: **\$252.00** (pay by 4/19/2025)  
Regular Full Package: **\$270.00** (pay by 4/26/2025)  
Walk-On Fee: **\$50.00/day**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Head Coach (optional): \_\_\_\_\_ Club: \_\_\_\_\_

Highest Skating Skills Level Passed: \_\_\_\_\_ Highest Singles Level Passed: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_