



## **Timberline Basic Skills Camp**

Saturday March 18, 2023 from 8am-12pm

Greenheck Ice Rink – Registration Deadline March 1, 2023

Skater Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

USFS# OR LTS#: \_\_\_\_\_ Home Club: \_\_\_\_\_

Highest Basic Skill Level Passed: \_\_\_\_\_

Mail completed forms along with payment of **\$50** made payable to **TFSC** to:

**Timberline Figure Skating Club, ATTN: Basic Skills Camp, PO Box 2082, Wausau, WI 54402.**

Classes will be conducted both on and off ice.

Items Needed: Skates, tennis shoes, dress in layers, water bottle & yoga mat or beach towel for floor exercises.

A goodie bag including a healthy snack will be included.

## **PARENTAL CONSENT, PHOTO RELEASE AND WAIVER OF RESPONSIBILITY**

In consideration of the acceptance of \_\_\_\_\_ as a student in the Timberline Figure Skating Club Basic Skills Camp, we, the undersigned student, parent or guardian, agree to assume the risks of participating in the program and waive all claims for any personal injury and/or loss or damage to property and hereby release the Timberline Figure Skating Club employees and agents from any liability whatsoever, which may arise as a result of participation in the Timberline Figure Skating Club Basic Skills Camp. This release shall extend to all future damages and injuries of every nature and however sustained, even if due to the negligence or alleged negligence of the Timberline Figure Skating Club Basic Skills Camp or their staff or employees. All Risks attendant to observing and/or participating in the Timberline Figure Skating Club Basic Skills Camp are hereby assumed by the student and his or her parents and/or guardian and this assumption and release are acknowledged and approved by their signature hereto.

The Timberline Figure Skating Club Basic Skills Camp reserves the right to use any pictures taken during the camp for advertising and/or instructional purposes.

I have read the foregoing, and hereby approve and consent to the terms and conditions stated. I further acknowledge being the parent or legal guardian of the signed applicant that the information given on this application is complete and accurate.

\_\_\_\_\_  
Skater's Signature (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **EMERGENCY TREATMENT RELEASE FORM**

I, \_\_\_\_\_, do hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment (Parents/Guardians are responsible for all medical expenses incurred), which in his or her judgment may be deemed necessary in the care of:

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone #

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Current Medication

\_\_\_\_\_  
Outstanding Medical History

\_\_\_\_\_  
Skater's Signature (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date