### Timberline Figure Skating Club Camp & USFSA Test Session

## Greenheck Fieldhouse 6400 Alderson St, Schofield, WI 54476

#### May 18-20, 2023 with Test Session May 21, 2023

Coach	15 Minute Lesson	Credentials	Availability	
Jake Fearnley	\$25-\$35	Partners all levels of dance, Preliminary through International (Rhumba, Silver Samba, Cha Cha Congelago, Ravensburger Waltz, Tango Romantica ONLY)	All Sessions	
Alexander Gamelin \$25-\$35		Partners all levels of dance, Preliminary through International 2018 Olympic Games competitor, 2-time World Championships competitor, and 2-time Korean National ice dance champion.	All Sessions	
Joel McKeever	Joel McKeever  Senior MIF and Senior Free Skate. 10-time National Competition, 2-time World Comp		All Sessions	
Sandra Johannson	\$25	Coaches all levels skating skills and singles	All Sessions	
Heidi Masse \$20		Level Ill Nationally PSA coach ranking, senior freestyle and moves in the field, master choreography American ice theatre certified, certified in choreography with Phillip mills method.	All Sessions	
Danielle Wolosek \$18		Senior MIF, Junior Free Skate, Intermediate Pairs, International Dance, Senior Free Dance, Senior Solo Free Dance, 1st Figures	All Session	
Brittyni Carlson	\$17	Senior MIF, Senior Free Skate, Preliminary Pairs, Gold Dance, Senior Solo Free Dance	All Sessions	
Kourtney Rowe \$16		Senior skating skills (moves in the field), gold and international dance, and intermediate free skate.	Friday - 4pm-9pm Saturday - All	
Montana Grabowsky \$12		Senior MIF, Juvenile Free Skate, Intermediate Pairs, Gold Dance, 7 International Dance, Canadian Gold Dance, Senior Solo Free Dance, Senior Free Dance, Preliminary Figures	All Sessions	
Joelle Steiner	Preliminary Figures, Juvenile MIF, Novice Free Dance and Pre-Gold Dance		All Sessions	
Lea Beckman	Lea Beckman \$7 Novice MIF, Pre-Juvenile Free Skate, Silver Dance		Thursday 4:30-7:15pm Friday 12:00pm-9pm Saturday All day	

There is limited availability for US Figure Skating Certified & Insured coaches.

Please email <u>TimberlinefscCamp@gmail.com</u> for walk-on coaching approval before the camp begins.



Skater:	Age:	Home Club:	USFS#

To request lessons: Please list coach preference and lesson length (15/30/45 minutes). Example: JM/30

You may put two lesson requests in the same session box: Example - BC 30/JM 15 or Mark "ICE" for practice ice only.

We will do our best to schedule your lessons and practice ice accordingly.

JF = Jake, AG = Alex, JM = Joel, SJ = Sandra, BC = Brittyni, HM = Heidi,

KH = Kourtney, DW = Danielle, MG = Montana, JS = Joelle, LB = Lea

	Thursday 5/18	Friday 5/19	Saturday 5/20	Sunday 5/21
8:00-8:15				
8:15-8:30				
8:30-8:45				
8:45-9:00	NO ICE			7
9:00-9:15				
9:15-9:30				
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7:00-7:15				END OF TEST SESSION
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8:00-8:15	NO ICE			
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8:45-9:00			1	

#### 2023 TIMBERLINE FIGURE SKATING SUMMER CAMP AND TEST SESSION

registra written	E:EES must accompany the application before particulation fee) upon cancellation until May 1, 2023. Cand doctor's excuse provided to the club before the enditions if fees are not paid as required. Late arrivals of	cellations after May 1st are d of the camp. TFSC reserve	only re	fundable ight to car	with a
	Make checks payable to: Timberline Figure Skating Club (TFSC)	TFSC Skat	ing Ca	mp Fees	
Mail to: Timberline Figure Skating Club (TFSC)  Mail to: Timberline Figure Skating Camp  C/O Shelly Hinzman  PO Box 2082  Wausau, WI 54402		1-10 Sessions or Fewer \$15 each 11-20 Sessions \$14 each 21 Sessions or More \$13 each Drop-In Sessions \$18 each (Ice sessions are sold in 45 minutes blocks only)			
	Email: <u>TimberlinefscCamp@gmail.com</u>	Description	Qty	Price	Total
		<b>Total Ice Sessions</b>		\$	\$
	Please Do Not Write in Box Below	Registration Fee	-	\$40.00	\$
	Date Received: Total Amount Received: \$	<b>Total Fees</b>	-	-	\$
	Check #:	Please pay coaches t the end of camp not justify	. No-sh	ow lessor	•
Skate	r's Information				
Addre	SS:				
City: _		State:Zip:			
Phone	:Email:				
	st Test Passed (please circle)  ng Skills: Pre-Preliminary - Preliminary - Pre-Juven	nile - Juvenile - Intermediate	e - Nov	ice - Junio	or - Senior

Dance: Preliminary - Pre-Bronze - Bronze - Pre-Silver - Silver - Pre-Gold - Gold

Singles: Pre-Preliminary - Preliminary - Pre-Juvenile - Juvenile - Intermediate - Novice - Junior - Senior

Please note: Timberline Figure Skating Club Members who are participating in the test session will be required to volunteer a minimum of 3 hours. These hours do not count towards your annual volunteer commitment.

# 2023 TIMBERLINE FIGURE SKATING SUMMER CAMP PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the accept	otance of	as a student in the 1 in	iberline Figure		
Skating Summer Camp, we,	the undersigned student, pa	arent or guardian, agree to assume the r	risks of participating		
in the program and waive al	claims for any personal in	ury and/or loss or damage to property	and hereby release		
		ouse and its employees and agents from			
_	-	in the Timberline Figure Skating Sumi	•		
_	• •	of COVID-19 while participating in the	•		
-					
Figure Skating Camp. This release shall extend to all future damages and injuries of every nature and however ustained, even if due to the negligence or alleged negligence of the Timberline Figure Skating Camp/Greenheck					
		ant to observing and/or participating in			
		t and his or her parents and/or guardiar			
• •	•	1			
-		by their signature hereto. The Timber	-		
-	•	dent, without refund, when it is deemed			
		cating Camp. The Timberline Figure Sl			
_	-	amp for advertising and/or instructional			
C C, 1	0 ,	r ward, and hereby do approve and con			
		parent or legal guardian of the signed a	pplicant that the		
information given on this ap	plication is complete and ac	ecurate.			
Skater's Signature	Date	Parent/Guardian Signature	Date		
	EMERGENCY TREAT	MENT RELEASE FORM			
I,		hereby authorize any physici	an and/or any		
member of the medical sta	aff of any hospital or eme	rgency treatment center to render m	-		
	•	expenses incurred), which in his or			
be deemed necessary in the		expenses meaned, which in his or	ner judgment may		
be deemed necessary in the	e care or.				
Name of Skater	Date of Birth	Allergies/Medicines of	currently taking		
		S	, ,		
Physician Name	Physician Phone #	Outstandin	g medical history		
Insurance Company	Policy Number	Nama	e of subscriber		
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