

# '07 Aspen Ice Figure Skating Academy



Aspen Ice at Flemington presents the Summer 2007 Aspen Ice Figure Skating Academy. Skaters who have achieved the USFS Basic Skills Basic 3 level or above are eligible to participate in this program.

Skaters will be provided with three hours of ice time per day. On-ice time will be divided between clinics and practice ice. Skaters will also participate in an off-ice clinic each day. On the last day of each camp session, there will be a group exhibition where the skaters will showcase what they have accomplished during the session.

Aspen Ice's Professional Figure Skating Staff will conduct all on and off ice activities. Snacks *will not* be provided, but they can be purchased at our snack bar. We recommend each skater bring sneakers, a Pilates mat or a beach towel, and either ballet shoes or socks for the off-ice clinic.



## Dates & Times

Morning Session\*: 8am-12:15pm  
 Afternoon Session\*: 12:15pm-4:30pm

Summer I: June 25-29  
 Summer II: July 9-13  
 Summer III: July 23-27 (Morning session only)

\*Skaters may attend both the morning and afternoon sessions if desired

## Daily Schedule

Morning Session:  
 8:00-9:30 On-Ice Session I  
 9:30-9:45 Snack Break  
 9:45-11:15 On-Ice Session II  
 11:30-12:15 Off-Ice Clinic

Afternoon Session:  
 12:15-1:00 Off-Ice Clinic  
 1:15-2:45 On-Ice Session I  
 2:45-3:00 Snack Break  
 3:00-4:30 On-Ice Session II

During the on-ice sessions, each skater will participate in two hours of instruction and one hour of practice. The clinics will focus on stroking, moves in the field, ice dance, jump technique, spin technique, choreography and synchronized skating. Skaters will be grouped with other skaters of comparable level for these clinics. Off-ice clinics will include Pilates, stretching, strength conditioning and ballet.

For more information please contact Victoria Schwanda at (908) 872-8579 or schwanda@seas.upenn.edu.

## Program Enrollment

Skater's Name: \_\_\_\_\_  
 Parent's Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Basic Skills Level: \_\_\_\_\_  
 USFS Tests Passed: \_\_\_\_\_  
 Coach's Name: \_\_\_\_\_  
 Check Session(s):

- Summer I Morning
- Summer I Afternoon
- Summer II Morning
- Summer II Afternoon
- Summer III Morning

## Camp Fees

**Camp Cost: \$245.00 (per session)**

\*\$25.00 off for each additional family member  
 Price includes three hours of ice time and daily on-ice and off-ice clinics.

Please make checks payable to:  
**ASPEN ICE FLEMINGTON**

Please Circle One:

Cash    Check    MC    Visa    Amex  
 Credit Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_

# Refund Policy & Disclaimer

Refunds will only be given prior to June 20<sup>th</sup>, with the exception of a processing fee of \$50.00 per session enrolled.

There are no refunds or make-ups due to illness, absences, or withdrawals.

We reserve the right to dismiss or suspend skaters due to behavior.

**FAILURE TO SIGN THE DISCLAIMER  
WILL RESULT IN THE SKATER NOT  
BEING ALLOWED ON THE ICE.**

## DISCLAIMER

NAME OF PARTICIPANT:

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I hereby give my approval for the above named applicant to participate in the Aspen Ice Figure Skating Academy. I understand that there are many risks inherent in and incidental to participation in figure skating, and I am willing to participate (or to permit the applicant, if different than the undersigned to participate) in the Aspen Ice Figure Skating Academy. I assume all risks inherent in and incidental to such participation and I hereby release, absolve, indemnify, and hold harmless Aspen Ice Arena, it's partners, officers, employees, and staff, of any claim arising out of any injury to myself or to the participant, if different than the undersigned. I hereby authorize and request Aspen Ice Arena, it's partners, officers, employees, and staff, to act on my behalf or the participants behalf, if different than the undersigned, according to the best judgment of the Aspen Ice Arena, it's partners, officers, employees, and staff under prevailing circumstances in the event of any injury, or in the event that I am unable to act for myself or act for the participant, if different from the undersigned. I also understand that from time to time pictures may be taken in which I (or participant) may appear. I authorize Aspen Ice Arena to use said pictures in public displays and/or advertising.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Emergency Contact:

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Phone Number:

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FAX (908) 237-2423  
www.aspeniceatflemington.com

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**3 Camps to Choose From!**  
**June 25-29, July 9-13**  
**& July 23-27**