



**2010 Albany Figure Skating Club Ice Clinic  
Tuesday-Thursday, July 6-8, 2010  
9 a.m. to 3 p.m. Albany County Hockey Facility**

The Albany Figure Skating Club is pleased to present its three day ice clinic—a program designed to offer skaters the unique opportunity to increase skating ability and competency through a variety of on and off ice sessions.

### **Who Can Attend?**

The clinic is designed for skaters at least 8 years of age and are at FS 1 or higher or by permission of the clinic coaching staff. Skaters will be grouped according to MIF, dance and freestyle levels. This clinic will be limited to 30 skaters.

Adults are welcome and will be grouped by Adult levels ; if enough adults enroll will have an adult class.

### **Training Sessions will include:**

Moves in the Field--Emphasis on edge quality, extension

Freestyle—Emphasis on jump and spin technique, footwork

Edges/Power Stroking—Help to strengthen and develop power, flow and control

Off-ice Program—Sessions include sports psychology and provides an understanding to skater on the need to enhance body strength; also includes warm-up, stretch, jump and aerobics

On-Ice Style—Dance and Choreography

All Training Sessions will be geared to skating level ability.

### **Cost**

**\$220 AFSC Member; \$250 Non-member**

(See Registration form for further details)

AFSC Tax ID Number: EIN-13-2917543

### **Coaching Staff:**

**Coach Wayne Hussey, Clinic Coordinator, On-ice edges, step sequences, dance**

**Coach Chrissy Cedilotte, Conditioning and Injury Prevention Off-ice**

**Coach Dyke Naughton, Strength and Speed on/off-ice**

**Coach Nikki Coleman, on-ice free style**

A variety of additional guest coaches will provide instruction at the clinic—announcement of these coaches will be made shortly.

# 2010 AFSC Ice Clinic Registration

## July 6-8, 2010 9 a.m. to 3 p.m.

Skater Name \_\_\_\_\_ (please print)

FS Level \_\_\_\_\_ Highest Moves Completed \_\_\_\_\_ Dance level \_\_\_\_\_

Skaters strength \_\_\_\_\_ Weakness \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

(Cancellation Clause: Clinic is subject to cancellation if insufficient enrollment; Refunds will be issued).

**Registration: Skaters must be at least 8 years of age, Freestyle 1 level or permission of clinic coaching staff.**

\_\_\_\$220 AFSC Member (Total Due by June 11, 2010)

\_\_\_\$250 Non-member (Total Due by June 11, 2010)

\_\_\_\$265 Late Registration for all skaters (After June 11, 2010)

(NO partial registration permitted; refunds are only permitted for medical reasons as per AFSC policy.)  
All Skaters will be asked to complete a medical form if one is not already on file.

**Checks payable to AFSC.** Please complete the entire form, including the liability waiver and mail the form with payment to:

**Pat Clancy**  
**5973 State Route 30**  
**Schoharie, NY 12157**

Further information may be obtained by viewing the website at [www.albanyfsc.org](http://www.albanyfsc.org) or by contacting Pat at [doonbeg@midtel.net](mailto:doonbeg@midtel.net). To register, please complete the registration and liability wavier. Skaters registration will not be deemed complete if this form is not completed.

### **Liability Waiver**

**Please read, sign and date**

In consideration of your permitting \_\_\_\_\_ to participate in the Albany Figure Skating Club (AFSC) session for any purpose whatsoever, I hereby covenant and agree with the AFCS, the Albany County Hockey Facility, or the owners, officers, agents, employees and all persons engaged as instructors or administrators in any program in which I/he/she may be a participant, to indemnify and hold harmless each and every one of them from and against all claims, liability, loss cost, damages, and expenses which may arise out of or in connection with the use by me/him/her of such facilities. Including without limitations, all claims I/he/she might have for personal injury or property damage to him/her or so arising. I understand that skating is a participation sport and I am fully aware of the risks and hazards in or arising from my use or presence upon the facilities. I understand that I must carry my own personal medical insurance. I also give consent to receive first aid and emergency transport to the nearest medical facility.

Signature (of parent/guardian if under 18)

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