



## 2009 Albany Figure Skating Club Ice Clinic

Tuesday-Thursday, July 21-23, 2009

9 a.m. to 3 p.m. Albany County Hockey Facility

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

### Who can attend?

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

### Training Sessions will include:

Moves in the Field—Emphasis on edge quality, extension

Freestyle—Emphasis on jump and spin technique, footwork

Edges/Power Stroking—Helps 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 and jump and aerobics

On-ice Style—Dance and Choreography

All Training Sessions will be geared to skating level ability .

### IJS Technical Specialist

An International Judging System (IJS) Technical Specialist will also offer an explanation of the IJS system. This session will discuss the differences between the 6.0 scoring system and the IJS system. ( Day is yet to be determined). Parents are welcome to attend this session.

### Cost

\$195 AFSC Member; \$230 Non-member

(See registration form for further details)

### Coaching Staff in Formation

A variety of guest coaches will provide instruction at the clinic — announcement of coaches will be made shortly. Coach Karla Schallehn, clinic coordinator, will be in attendance each day and a parent volunteer will also help with skaters.

AFSC Tax ID Number: EIN-13-2917543

2014-2015  
ALBANY  
FIGURE  
SKATING  
CLUB

Skater Name \_\_\_\_\_  
(Please print all information)  
Street Address \_\_\_\_\_ Town \_\_\_\_\_  
Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Skating Clinic-July 21-23, 2009—9 a.m. to 3 p.m.

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

- \_\_\_ \$195 AFSC Member (Total Due by July 5, 2009)
- \_\_\_ \$230 Non-member (Total Due by July 5, 2009)
- \_\_\_ \$250 Late Registration for all skaters (After July 5, 2009)

(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 our 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 and sign the liability waiver form and the registration form. Skaters registration will not be deemed complete if forms are not completed.

### Liability Waiver

Please Read, Sign and Date

In consideration of your permitting \_\_\_\_\_ to participate in the Albany Figure Skating Club session for any purpose whatsoever, I hereby covenant and agree with the Albany Figure Skating Club, 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 (parent/guardian if under 18)

Date \_\_\_\_\_

(Cancellation Clause: Clinics are subjected to cancellation if insufficient enrollment. Refunds will be issued.)