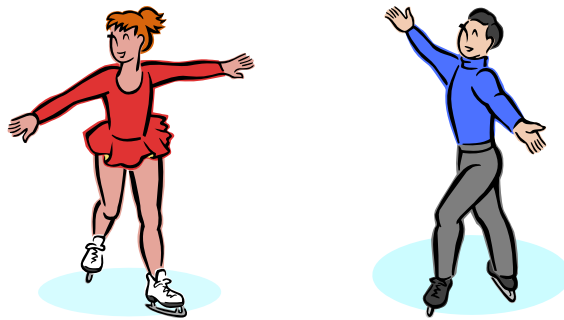


# *Summer Figure Skating School*



CLARKSON UNIVERSITY

2008

July 14th - August 15th

*Five Sessions*

Cheel  
Campus Center  
& Arena

## TENTATIVE SUMMER ICE TRAINING SCHEDULE

(Instructions are Additional)      **LIMITED SPACE AVAILABLE FOR THESE SESSIONS**

### **Juvenile - Senior**

Monday - Friday (am)

9:30 - 10:00.....MIF Practice

10:00 - 11:00...Freestyle

11:00 - 11:50...Dance/Open Lessons

### **No Test - Pre-Juvenile**

Monday - Friday (pm)

12:00 - 12:30...MIF Practice

12:30 - 1:30.....Freestyle

1:30 - 2:20.....Dance/Open Lessons

\$100 DEPOSIT FOR EACH  
INDIVIDUAL APPLICATION

FULL PAYMENT DUE BY:

JUNE 27, 2008

SEND APPLICATION TO:

Cheel Arena Box Office  
Clarkson University  
Potsdam, NY 13699-8734

### **TENTATIVE TEST DATE: August 16th**

For further information, call 315-268-7750

### **BADGE SCHOOL (July 14 - August 15, 2008)**

Beginner skaters thru Freestyle 6

Daily Skating:

Includes 1 hour/day skating plus one  
15 minute group lesson per day.

Badge testing as needed.

Schedule - (Available all five weeks)

Tuesday & Thursday; 4:15-5:15pm

### **ADULT SCHOOL (July 14 - August 15, 2008)**

Daily Skating:

Includes 1 hour/day skating plus one  
15 minute group lesson per day.

Schedule - (Available all five weeks)

Monday & Wednesday 5:15-6:15pm

## MINIMAL GUIDING PRINCIPLES

Please be advised that CLARKSON can temporarily or permanently deny training privileges at their facilities.

1. CLARKSON requires sportsmanship, respect, dignity and courtesy at all practices. Through responsible behavior and fair play, skaters and their parents will assume the roll of goodwill ambassadors of figure skating.
2. CLARKSON prohibits any dishonest conduct, cheating, poor sportsmanship, criminal behavior or any attempt to take unfair advantage of another in any activity.
3. CLARKSON prohibits any disruption of its functions or its employees which infringes upon rights and well-being of others, including the interruption of coaches during lessons.
4. CLARKSON prohibits parental instruction from the wall, the stands or on the ice for any period of time. Those parents insisting on coaching, advising, instructing or reminding are required to provide proof of PSA insurance and must set up an account with the office.
5. CLARKSON prohibits anyone, including parents to stand in the hockey box areas during skating time. Only those skating or coaching during the ice session are permitted for the safety of our skaters.

6. CLARKSON prohibits ice kicking, profanities or excessive waste of ice time. If any of these behaviors occur, a CLARKSON representative will request that the skaters remove themselves from the ice.
7. CLARKSON prohibits gum chewing while on the ice.
8. CLARKSON prohibits any use or distribution of all illegal substances. CLARKSON can immediately dismiss skaters from the training program for this offense and no refund will be granted. CLARKSON discourages the use of alcoholic beverages by those of legal age while in training.
9. CLARKSON discourages the use of tobacco or tobacco products.
10. CLARKSON prohibits any deliberate or reckless misuse, damage or destruction of any property. CLARKSON can immediately dismiss skaters from the training program for this offense, and will require full payment for damaged property.
11. CLARKSON expects all athletes to abide by local, state and federal laws.

Any and all disciplinary actions will be decided by CLARKSON UNIVERSITY. Clarkson aspires to the code of conduct of the International Olympic Committee (IOC), United States Olympic Committee (USOC), International Skating Union (ISU), United States Figure Skating Association (USFSA), and the Professional Skaters Association (PSA). Through CLARKSON'S Guiding Principles, skaters of all levels and their parents will be introduced to these idealistic standards. CLARKSON encourages all skaters and parents to adhere to these "Olympic Ideals."

FOR MORE INFORMATION ON ICE TIMES, CONTACT: Kim Patterson, 315-769-6951 or [kpatterson@twcny.rr.com](mailto:kpatterson@twcny.rr.com)  
FOR ANY OTHER QUESTIONS CONTACT: John Lorence, 315-268-7750 or [jlorenc@clarkson.edu](mailto:jlorenc@clarkson.edu)

INSURANCE: Each student must be covered by family or other accident insurance and also by family or other health insurance. Insurance covering personal possessions is not provided. Parents or guardians are to consult with an insurance advisor to ensure that students have adequate coverage for accidents, illness and personal possessions.

## CLARKSON SUMMER FIGURE SKATING APPLICATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONES: HOME \_\_\_\_\_ WORK \_\_\_\_\_ FAX \_\_\_\_\_

HOME COACH'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### HOME CLUB PERMISSION

Your home club test chairman/club officer must sign below to certify that you are eligible in accordance with USFSA to participate in a USFSA test and/or exhibition. It must be signed before submitting this application.

HOME CLUB \_\_\_\_\_ OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

TESTS PASSED: FREESTYLE \_\_\_\_\_ MOVES \_\_\_\_\_ DANCE \_\_\_\_\_ USFSA# \_\_\_\_\_

### **HOME COACH RELEASE**

I, \_\_\_\_\_ release my skater, \_\_\_\_\_ who is a student in good standing. S/he has my permission to receive instruction at the CLARKSON UNIVERSITY SUMMER SKATING SCHOOL.

COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

### **BADGE SCHOOL: (AVAILABLE ALL 5 WEEKS)**

DAILY SKATING (Tues. or Thur.) \$10 per day # Days: \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_  
(Tues. and Thur.) \$20 for both days # Weeks: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

### **ADULT SCHOOL: (AVAILABLE ALL 5 WEEKS)**

DAILY SKATING (Mon. or Wed.) \$10 per day # Days: \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_  
(Mon. and Wed.) \$20 for both days # Weeks: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

**WEEKS REQUESTED:** (Select from these weeks for Badge and Adult Schools above, and week-long classes below)

July 14-18 \_\_\_\_\_ July 21-25 \_\_\_\_\_ July 28-August 1 \_\_\_\_\_ August 4-8 \_\_\_\_\_ August 11-15 \_\_\_\_\_

### **PRE-PRELIMINARY - PRE-JUVENILE:**

1-4 weeks (1 Freestyle, 1 Moves, 1 Dance per day) @ \$125 per week # Weeks \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_  
All 5 weeks (1 Freestyle, 1 Moves, 1 Dance per day) @ \$475 total for five weeks \$ \_\_\_\_\_

### **JUVENILE - SENIOR:**

1-4 weeks (1 Freestyle, 1 Moves, 1 Dance per day) @ \$125 per week # Weeks \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_  
All 5 weeks (1 Freestyle, 1 Moves, 1 Dance per day) @ \$475 total for five weeks \$ \_\_\_\_\_

\*\*Early Registration Special\*\*

*Full 5-week session package only (Not for Adult/Badge School):*

Application received by Saturday May 31st and paid in full,  
will receive a \$25 discount per 5-week package.

**Total = \$ \_\_\_\_\_**

Make Payment to Clarkson University  
Deposit is \$100 with each individual application  
Non-refundable processing fee (not additional): \$25

**PLEASE NOTE:** There are NO partial packages. Five week package skaters will have priority in scheduling. Guest skating is on a space-available basis only and will cost \$10 per hour. Skaters will be assigned to the appropriate sessions.

I have read and agree to abide by the Guiding Principles (And parent/legal guardian if skater is under 18 years of age).

SKATER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Clarkson University is an Equal Opportunity and Affirmative Action Employer

# Professional Staff Information

## DANIELLE BARTOW

315-268-1428

Quadruple Gold Medalist, PSA Member

## KIM PATTERSON

315-769-6951, kpatterson@twcny.rr.com  
Double Gold Medalist, PSA Senior Rated

## KAREN HEALEY

315-265-1024

Intermediate Freestyle, Pre-Silver Dances

## ALICIA WALTER

315-328-4008, chiliskates@yahoo.com  
Gold Medalist, PSA Senior Rated

## GUEST COACHES

TARA BARTLETT

KAT LAVIGNE

LAUREN CARROLL

SHAWN DOBBINS

MICHAEL BARTOW

JACK DEVITT

TOMAS MORBACHER

STEFANIE OAKES

## MEDICAL HISTORY

To be completed by parent or guardian: Every blank must be completed with information or N/A if not applicable.

This form will be retained in the Health Center and will be available to program staff in case of emergency. PLEASE PRINT.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Notification:** Specify person to be notified *only* if above parents are unavailable.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

### Does Participant:

Require a special diet? If so, what? \_\_\_\_\_

Wear glasses or contact lenses? \_\_\_\_\_

Have allergies? If so, what? \_\_\_\_\_

Receive allergy injections? \_\_\_\_\_

Need to receive an allergy injection while at Clarkson? \_\_\_\_\_

Asthma? \_\_\_\_\_ ADHD? \_\_\_\_\_

Have Epilepsy? \_\_\_\_\_ Diabetes? \_\_\_\_\_

Have any medical disabilities? \_\_\_\_\_

Have any major illnesses or medical problems? \_\_\_\_\_

Have medication with him/her on campus? \_\_\_\_\_

List any current medications in use, with dose, name, and times taken

List name, and phone # of prescribing doctor \_\_\_\_\_

List all hospitalizations with dates confined and reason \_\_\_\_\_

### Immunizations: (Date/Year of Immunization)

DPT \_\_\_\_\_ Tetanus/Diphtheria \_\_\_\_\_

Polio \_\_\_\_\_ German Meas. (Rubella) \_\_\_\_\_

Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Hae. Influenza \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_

Last TB test (if any) \_\_\_\_\_ (circle) Positive / Negative

Has participant had (circle): Measles / Chicken Pox / Mumps

Immunization records completed by:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone #s \_\_\_\_\_

***Immunizations are required by the New York State Health***

***Department and participants cannot be admitted to the program without these dates being completed.***

### Health Insurance

Company Name \_\_\_\_\_ City \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Relationship to Subscriber \_\_\_\_\_

All medication will have to be given to the nurse for dispensing including nonprescription medications. We strongly recommend that only required medications be brought to campus.

Please notify the Student Health Center at 315-268-6633 if participant has been exposed to any communicable disease during the three weeks prior to the school program.

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all program activities, except as noted by me. I hereby give permission for routine medical treatment of illness and injury at Clarkson University Student Health Center and for routine emergency medical treatment at the Canton-Potsdam Hospital or regional medical center if referred by some hospital.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_