

# Kirkwood Ice Arena

## Summer Beginner Figure Skating Camp 2020

111 S. Geyer Road, Kirkwood Mo 63122

This camp is designed for the beginner skater interested in figure skating. Skaters must be able to skate forward and backward proficiently and glide forward on one foot. This weekly camp is offered for eight weeks and meets two days per week with the option of signing up daily. The camp will be both on and off the ice. Here is an example of the day.

### Greeting and Check In

1:45-1:55 Warm -up exercises off ice and stretching exercises for skaters. (Tennis shoes needed)

1:55--2:05 Body positions and awareness with off ice turns, spirals, spread eagles and shoot the ducks.

2:05-2:25 Spinning Device-Turns, upright spin and many variations. Off Ice Jumps- Jumping techniques for the beginner skater. (Bring your own spinner or option to use ours if available, we have a limited number.)

### Ice Skates on

2:30-3:30 On- ice: Ice etiquette, skills, program building and skating to music.

### Skates off

3:30 Skates off and pick up.

End of day and pick up. If you have any questions about our camp, please call me at 314-984-5950.

### *Susie Smith*

Skating Director

Kirkwood Ice Arena

RELEASE FOR PARTICIPANT (BY PARENT) - It is agreed and understood that in consideration of the city's acceptance of either me or the undersigned into a City sponsored program, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights and claims for damages which I or my child(ren) may have against the City of Kirkwood and its representatives, successors and assigns for any and all injuries suffered by myself or my child resulting from any activity sponsored by these groups. WARNING: Some activities involve risk of injury and /or physical exertion. You should consult with your physician to make sure that you are physically able and capable of participating in these activities. INCLUSIVE RECREATION SERVICES/AMERICANS WITH DISABILITIES ACT (ADA) - The Kirkwood P&R Department invites people with and without disabilities to participate in our programs and events. Please let us know when you register or at least three business days in advance if accommodations due to a disability are needed to facilitate your participation, or to let us know if there are medications or allergies of which we should be aware. If an inclusion support person is needed to assist the program participant with a disability, it may take two weeks or more to provide this type of accommodation. If we are unable to meet your needs, there is a grievance procedure available for ADA concerns. For assistance in arranging accommodations for your participation, or to notify us of medical concerns, please contact Terri Johnson, CTRS/CPRP, Executive Director of Municipal Partners for Inclusive Recreation at 314-835-6157 or dial 711 to use Relay Missouri or e-mail her at [tjohnson@desperesmo.org](mailto:tjohnson@desperesmo.org) to discuss your participation. Accommodations are available upon request.

My signature evidences my agreement and acceptance of the aforementioned terms and conditions constituting a waiver and release for myself and my children.

Additional family members: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# *Beginner Figure Skating Camp Release Form*

**PLEASE PRINT**

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Attending \_\_\_\_\_  
Guardian \_\_\_\_\_ Phone:Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Guardian \_\_\_\_\_ Phone:Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ @ \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does camper need assistance to participate? NO \_\_\_ YES \_\_\_ If yes, please explain.

Does camper have any allergies and/or food allergies? NO \_\_\_ YES \_\_\_ If yes, please explain.

Camper's medications: \_\_\_\_\_

Does camper need to take medication during camp hours? NO \_\_\_\_\_ YES \_\_\_\_\_

(Our medication procedure must be followed if campers receive medication(s) at camp)

Please describe any other medical conditions you feel we should be aware of (asthma, diet restrictions, etc.).

**IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT**

***PERSONS AUTHORIZED TO PICK UP SKATER  
(OTHER THAN PARENTS LISTED ON REVERSE)***

- 1. \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Phone \_\_\_\_\_

***AUTHORIZATION FOR EMERGENCY MEDICAL CARE***

In case of an accident or illness, if I (we) cannot be reached to make necessary arrangements, I (we) hereby authorize the Kirkwood Ice Arena supervisor to contact the nearest hospital for emergency medical treatment.

X \_\_\_\_\_

***RELEASE FOR PARTICIPANT BY PARENT***

In consideration of your accepting either me or my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I have read all of the above releases and agree with all of the above releases.

X \_\_\_\_\_

Signature of Parent/Guardian Date

***PLEASE FILL OUT THIS FORM AT REGISTRATION THANK YOU***