

SOS Seminar



Seasons of Skating

WHEN - November 20nd from 5:30 pm to 8:00 pm and November 21st from 9:00 am to 2:00 pm.

The seminar combines on-ice and off-ice group instruction for skaters to maximize their full potential. It is designed to inspire and help skaters improve at all levels.

Get your skaters registered ASAP to save a spot since we will have a max of 25 skaters.

WHERE - This seminar will be held at the South Wood County Recreation Center

COST - \$145.00

Contact Seasons of Skating at seasonsofskating@gmail.com with any questions or concerns.

GUEST COACHES

 **Kim Ryan Lewis**



 **Garrett Kling**



 **Cesca Supple**



 **Carey Tinkelenberg**



Guest Coach Bios

Kim Ryan Lewis



Kim is an acclaimed spin specialist, has been coaching for more than 40 years. A National and International coach, Kim's "Spinergy" Clinic series brings her unique spin specialization techniques to skaters and coaches around the world. Her instructional style embodies her philosophy of providing an energetic and supportive environment where students can learn dynamic new spin techniques. Kim has coached Regional, Sectional, Jr. National, and International competitors. She is also PSA rated, a PSA presenter, and was nominated for PSA Coach of the Year 2015.

Garrett Kling



Garrett Kling is an international figure skating choreographer, professional skater and Co-Executive Director of American Ice Theatre. He holds a Master Rating in Choreography with the Professional Skaters Association and has choreographed for international competitors spanning six continents. Garrett holds a degree in English/Communications and has experience working in the field of journalism and photography.

Cesca Supple



Cesca trained under World & Olympic Coaches, Evy & Mary Scotvold. She has over 35 years of coaching experience and has successfully coached skaters from beginning classes through Senior Moves in the Field and Freestyle Tests. She has coached athletes that have advanced to the final round at Upper Great Lakes Regionals at the Novice, Junior, and Senior Levels.

Carey Tinkelenberg



Carey Tinkelenberg is a PSA Master Rated coach and the Founding Owner/Director of the Northfield Skating School. She holds a B.A. in Psychology from Carleton College and is a published research author. Carey has trained athletes from Learn to Skate USA through Senior level, including beginners through adults, state finalists, regional competitors, and international athletes.

Seasons of Skating Registration

Skater Name:	USFS#:
Address, City, State, & Zip:	
Parent/Guardian (if under 18):	
Phone:	E-mail:
Home Club:	
Competition Level:	
Interested in Private/Semi Private LESSONS (lessons will be 8-10 Friday):	Yes / No
Competition Level:	
Primary Coach Name:	

Seasons of Skating

COVID-19 PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

By signing this waiver, we, the undersigned student, parent or guardian, agree to assume the risks of participating in activities held by Seasons of Skating (SOS) and waive all claims for any personal injury and/or loss or damage to property and hereby release the SOS/South Wood County Recreational Center (SWCRC) and its staff, volunteers and agents from any liability whatsoever, which may arise as a result of participation in the Seasons of Skating activities. This release shall extend to potential exposure or contracting of **Covid-19** while participating in activities held by the SOS. This release shall extend to all future damages and injuries of every nature and however sustained, even if due to the negligence or alleged negligence of Seasons of Skating, the SWCRC or their staff or volunteers. All risks associated with observing or participating in the Seasons of Skating are hereby assumed by the student and his or her parents and/or guardian and this assumption and release are acknowledged and approved by their signature hereto.

Seasons of Skating reserves the right to terminate the contract of any student, without refund, when it is deemed to be in the best interest of either the student or Seasons of Skating. I have read and understand the exposure risks and the guidelines for participating in activities held by Seasons of Skating. I have read the foregoing, explained its meaning to my child or ward and hereby do approve and consent to the terms and conditions stated. I further acknowledge being the parent or legal guardian of the signed applicant that the information given on this application is complete and accurate.

Skater's Signature

Date

Parent/Guardian Signature

Date

Printed Skater Name

Printed Parent /Guardian Name

PARENTAL CONSENT, PHOTO RELEASE AND WAVIER OF RESPONSIBILITY

In consideration of the acceptance of _____ as a student in Seasons of Skating Seminar, we, the undersigned student, parent and/or guardian, agree to assume the risks of participating in the program and waive all claims for any personal injury and/or loss or damage to property and hereby release Seasons of Skating, it's employees and agents from any liability whatsoever, which may arise as a result of participation in the Seasons of Skating Seminar. This release shall extend to all future damages and injuries of every nature and however sustained, even if due to the negligence or alleged negligence of Seasons of Skating or their staff or employees. All risks in observing and/or participating in Seasons of Skating are hereby assumed by the student and his or her parents and/or guardian and this assumption and release are acknowledged and approved by their signature hereto.

Seasons of Skating reserves the right to use any pictures taken during the seminar for advertising and/or instructional purposes.

I have read the foregoing and hereby approve and consent to the terms and conditions stated. I further acknowledge being the parent or legal guardian of the signed applicant and that the information given on this application is complete and accurate.

Parent/Guardian Signature: _____ Date: _____

Skater's Signature (if over 18): _____ Date: _____

EMERGENCY TREATMENT RELEASE FORM

I, _____, do hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment (Parents/Guardians are responsible for all medical expenses incurred), which in his or her judgment may be deemed necessary in the care of:

Name of Skater Date of Birth

Physician Name Physician Phone #

Allergies Current Medication

Outstanding Medical History

Parent/Guardian Signature: _____ Date: _____

Skater's Signature (if over 18): _____ Date: _____

Mail completed forms along with payment of **\$145** with check

made payable to **Seasons of Skating, LLC** to:

Seasons of Skating
c/o Sandra Johansson
4631 Breckinridge Ct.
Wisconsin Rapids, WI 54494

Please note: Refunds will only be available when replacement of the skater is possible, due to number restrictions.

Coaches may attend with their skaters for \$50 dollars or free if they have 3 skaters attending. If attending, please fill out the form below to list skaters attending and sign the wavier.

Seasons of Skating Coach Registration

Coach Name:	
Address, City, State, & Zip:	
Home Club:	
Phone:	E-mail:
List Your Skaters Attending	
1 :	
2 :	
3 :	

Seasons of Skating

COACH COVID-19, PHOTO RELEASE, CONSENT AND WAIVER OF RESPONSIBILITY

By signing this waiver, I, as a coach, agree to assume the risks of participating in activities held by Seasons of Skating (SOS) and waive all claims for any personal injury and/or loss or damage to property and hereby release the SOS/South Wood County Recreational Center (SWCRC) and its staff, volunteers and agents from any liability whatsoever, which may arise as a result of participation in the Seasons of Skating activities. This release shall extend to potential exposure or contracting of **Covid-19** while participating in activities held by the SOS. This release shall extend to all future damages and injuries of every nature and however sustained, even if due to the negligence or alleged negligence of Seasons of Skating, the SWCRC or their staff or volunteers. All risks associated with observing or participating in Seasons of Skating are hereby assumed by any coach attending and this assumption and release are acknowledged and approved by their signature hereto.

Seasons of Skating reserves the right to use any pictures taken during the seminar for advertising and/or instructional purposes.

Seasons of Skating reserves the right to terminate the contract of any coach, without refund, when it is deemed to be in the best interest of either the coach or Seasons of Skating. I have read and understand the exposure risks and the guidelines for participating in activities held by the Seasons of Skating. I have read the foregoing, and hereby do approve and consent to the terms and conditions stated. I further acknowledge being a coach that the information given on this application is complete and accurate.

Coach Signature

Date

Printed Coach Name