

Join the fun!

In this packet you will find the information you need to register for the GGBFSC Summer Skating Camp. Registrations will be accepted now through July 6, 2023. We will do our best to accommodate your requests. Requests are honored on a first come first served basis.

If you have any questions, please contact;

Sarah Schoen

Phone: 920-819-9308

Email: dssg1215@gmail.com

Test Session

This test session has a GOLD/Senior panel for Moves, Free Skate, Solo Pattern Dance, Partnered Pattern Dance and Solo Free Dance. Skaters who are testing at our July 15th test session will have priority in assignment for partner practice ice. Please note partner testing fees are NOT included in the camp fees. You will be responsible for paying any dance partner testing fees on your first day of camp.

Registration will close on Friday, July 7, 2023. Test session registration may close early if session fills.

Melissa Hukriede - Test Chair

Email: ggbfsc_testchair@gmail.com



Greater Green Bay Figure Skating Club

Summer Skating Camp

July 10—14, 2023

Test Session

July 15, 2023



**Cornerstone Community Center, Rink 1
1640 Fernando Drive
Ashwaubenon, WI 54115**

2023 GGBFSC Summer Camp Guest Coaches

Alex Gamelin	2018 Olympic Competitor, 2 time Korean National Ice Dance Champion Alex partners all levels of dance, preliminary through international's	Available All Sessions Rate: \$25 / 15 minutes (Preliminary—Silver Dance, Moves & Choreography)
Collin Brubaker	US National Jr Silver Medalist in Ice Dance, International and National Coach Collin partners all levels of dance, preliminary through international's	Rate: \$30 / 15 minutes (Pre-Gold—Gold Dance) Rate: \$35 / 15 minutes (International Dance) (Rates & Availability for Alex, Collin & Jake)
Jake Fearnley	2-time British National Champion & represented Great Britain at ISU Junior Grand Prix competitions Jake partners all levels of dance, preliminary through international's	
Brandon Mroz	National and International Senior Men's Competitor, Olympic Alternate Brandon coaches jumps, spins and is a skating skills technician	Available All Sessions Rate: \$25/ 15 minutes
Marcie Kierpiec	Junior National Coach, B.S. Exercise Science Marcie coaches all levels of Move, Dance and P.O.W.E.R Hockey	Available all sessions Thursday & Friday Rate: \$25/ 15 minutes

Coach	Per 15 Min.	Coaching Abilities	Availability
Brittyni Carlson	\$18.00	Coaches through Senior Moves, Senior Freestyle, Gold Dance & Choreography.	All Sessions
Heather Corona	\$11.00	Coaches Senior Moves, Senior Freestyle, Gold Dance & Choreography.	Monday—Thursday 8:00 am—6:00 pm Friday 8:00 am—3:00 pm
Kourtney Hyland	\$16.00	Coaches through Senior Moves, Intermediate Freeskate, Gold/International Dance (except Tea Time) & Choreography.	Thursday, All sessions Friday, All sessions
Leah Johnson	\$10.50	Coaches through Senior Moves, Senior Freestyle, Gold Dance & Choreography.	Monday 7:00—8:15 pm, Tuesday 5:00—8:15 pm Wednesday 6:00—8:15 pm, Thursday 5:00—8:15 pm
Molly Kelly	\$10.00	Coaches through Senior Moves, Senior Freestyle, Gold Dance.	Monday, Thursday & Friday 10:30am—2:30 pm Tuesday & Wednesday 4:00 pm—8:15 pm
Heidi Masse	\$20.00	Coaches through Senior Moves, Senior Freestyle, & Choreography.	Thursday , All sessions Friday, All sessions
Alaina Theis	\$10.00	Coaches through Senior Moves, Novice Freestyle, Gold Dance & Choreography	Monday & Wednesday 10:30 am—3:00 pm Tuesday & Thursday 10:30 am—7:30 pm, Friday All sessions
Michelle Vande Hey	\$16.00	Coaches through Senior Moves & Senior Freestyle	Monday 8:00 am—10:00 am, Tuesday 9:15 am—11:15 am & 4:30—7:30 pm Thursday 9:15 am—11:15 am, Friday 8:00—11:00 am
Brett Warden	\$15.00	Coaches through Senior Freestyle. Pole Harness at coaches discretion.	Tuesday 5:00—7:00 pm Thursday & Friday 5:00—7:30 pm
Sara Zeitler	\$14.00	Coaches through senior Moves, Senior Freestyle, Senior Free Dance & Gold Dance	Tuesday, Thursday & Friday 4:00 pm—8:15 pm Wednesday 8:00 am—1:00 pm

Name: _____ USFS #: _____

Contact phone: _____ email: _____

Address: _____

Place coach's name in desired session boxes — Indicate the number of lessons you would like in that session with the coach named. **You may have lessons with more than one coach in a session. Coaches time slots and fees are for 15 minute increments.** For sessions with no coach, write in "ICE". Requests are honored on a first come first served basis.

Time	Mon. July 10	Tues. July 11	Wed. July 12	Thurs. July 13	Fri. July 14
8:00—8:45					
8:45—9:30					
9:30—10:15					
10:15—10:30	Resurface				
10:30—11:15					
11:15—12:00					
12:00—12:45					
12:45—1:00	Resurface / Lunch				
1:00—1:45					
1:45—2:30					
2:30—3:15					
3:15—3:30	Resurface				
3:30—4:15					
4:15—5:00					
5:00—5:45					
5:45—6:00	Resurface / Dinner				
6:00—6:45					
6:45—7:30					
7:30—8:15					



**Greater Green Bay
Figure Skating Club**

Camp Fees

6 Sessions or less \$14.00 each
 7-15 Sessions \$13.50 each
 15 Sessions or more \$13.00 each
 Unlimited sessions \$200
 Walk on Sessions \$16.00 each

Description	Quantity	Price	Total
Total Ice Sessions			
Registration Fee			\$35.00
Total Due			
Amount Included			
Balance Due			

Please pay coaches their fees directly. Payment must be made at the start of your reserved coaching time.

Make checks payable to:
 Greater Green Bay Figure Skating Club (GGBFSC)

**Registration will be excepted by postal mail or
 in person only!**

Mail to:
 Sarah Schoen
 2040 Labyrinth Lane
 De Pere, WI 54115

Name: _____

USFS #: _____



**Greater Green Bay
Figure Skating Club**

**50% of ALL ICE & REGISTRATION FEES must be submitted with this application,
Balance MUST be paid in full before participating in camp.**

Camp registration will be accepted by postal mail or in person only!

Parental Consent and Waiver of Responsibility

In consideration of the acceptance of _____ as a student at the GGBFSC Summer Skating Camp, We 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 the Greater Green Bay Figure Skating Club staff, volunteers, and agents from any liability whatsoever, which may arise as a result of participation in the GGBSC Summer Skating Camp. 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 the GGBSC Skating Club or their staff or volunteers. All risks entailed to the observing and/or participating the GGBFSC summer Skating Camp are hereby assumed by the student and his or her parents and/or guardian and the assumption and release are acknowledged and approved by their signature hereto.

The Greater Green Bay Figure Skating Club reserves the right to terminate the stay of any student, without refund, when it is deemed to be in the best interest of either the student or GGBFSC.

GGBFSC reserves the right to use any pictures taken during the camp for advertising and/or instructional purposes.

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 Signature

Date

Parent/Guardian Signature

Home Club: _____

Highest Test Passed: _____

Freestyle: _____

Moves: _____

Pattern Dance: _____

Free Dance: _____

Coaching Choices: If your desired coach is not available, please list additional camp coaches you are interested in working with:

2nd Choice _____

3rd Choice _____

If your skater is testing a dance, do you have a preference on the dance partner?

**(Alex Gamelin, Collin Brubaker, or
Jake Fearnley)**

**Choice of dance partner will be assigned on a
first come first serve basis.**

Name: _____

USFS #: _____



**Greater Green Bay
Figure Skating Club**

Emergency Treatment Release Form

I _____, 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 judgement may be deemed necessary in the care of:

Name of Skater: _____ Date of Birth: _____

Physician's Name

Physician's Phone Number

Allergies

Medicines Currently Taking

Outstanding Medical History

Insurance Company

Policy Number

Name of Subscriber

Skater Signature

Date

Parent/Guardian Signature

Date

Club Use Only:

Date Received: _____

Total Amount Received: \$ _____

Balance due \$ _____