

Rhineland Figure Skating Club Mini Camp & USFS Test Session

Private Lessons and Partner Practices

Sponsored by the Rhineland Figure Skating Club

April 10 - 12, 2025

A Perfect Opportunity for Testing and Competition Preparation

Collin Brubaker	\$25*	Alex Gamelin	\$25*	Jake Fearnley	\$25*
Marcie Kierpiec	\$25*	Heidi Masse	\$20	Danielle Wolosek	\$18
Montana Grabowsky	\$17	Grace Hoger	\$15	Lauryn Cook	\$12
Micah Hoger	\$10	Mariah Candler	\$8	<small>(Thurs/Fri after 6:30 pm, Sat after 9 am)</small>	
<small>(Thurs/Fri after 4 pm, Sat)</small>					

Guest instructors bringing students are welcome. Guest instructors must be insured and USFS registered.

**Rate range \$25-\$35 depending on level partnered or instructed. Rates are for 15 minute lessons.*

Available practice ice and lesson times: (Some coaches are not available for ALL times)

Thursday: 8am – 9:00pm Private Lessons/Practice

Friday: 8am – 9:00pm Private Lessons/Practice

Saturday: 7am – 12:00pm Private Lessons/Practice Test Session to follow

Weekend Pass.....Unlimited Thursday/Friday/Saturday sessions..... \$180

1-Day Pass.....Unlimited Thursday OR Friday sessions.....\$100

1/2-Day Pass.....Unlimited Thursday OR Friday sessions (8am-3pm/2pm-9pm) \$70

Single Session..... \$20 per hour

Non-Refundable Administration/Coach Travel Expense Fee per skater.....\$40

Skater: _____ Home Club: _____ USFS# _____

Address: _____ City: _____ ST: _____ Zip: _____

Cell Phone: _____ Email: _____

Current USFS Test Level: _____ Skating Skills _____ Dance _____ Singles _____

_____ I will be working on competition programs

Lesson Requests: Please give us an idea of your desired lesson days and approximate time(s) you would like to skate. We will do our best to schedule your lessons and practice ice accordingly. (Please, feel free to list requests on back of paper)

Please Circle

___ Thursday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am afternoon pm

___ Thursday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am afternoon pm

___ Thursday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am afternoon pm

___ Friday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am afternoon pm

___ Friday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am afternoon pm

___ Friday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am afternoon pm

___ Saturday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am

___ Saturday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am

___ Saturday ___ (# of 15 min) Lessons _____ Pro Please schedule lessons : am

*****Please schedule my lessons in 15 min 30 min ___ min blocks. Please allow ___ mins for breaks between lessons.*****

If _____ is not available, my 2nd choice is _____. If _____ is not available, my 2nd choice is _____.

Skater: _____

USFS# _____

Registrations are due as soon as possible. Lessons are scheduled in the order received.

Make Checks Payable To:

Rhineland Ice Association (RIA)

Mail To:

Nicole Mcgeshick
5152 River Road
Rhineland, WI 54501

Non-Refundable Registration Fee: \$40 per skater \$ 40

Ice Fee: \$ _____

- \$20 per hour X _____ hrs
- Unlimited Weekend Pass \$180
- Unlimited Day Pass __Thur __Fri \$100
- Unlimited ½ Day __Thurs AM __Thurs PM \$70
- Unlimited ½ Day __Fri AM __Fri PM \$70

Total Enclosed: Check # _____ \$ _____

For further information, please contact: RFSCCamp@gmail.com

Cathy Brunette 715-499-4664-cell or Nicole McGeshick 715-360-0507-cell

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the acceptance of _____ as a student in the RFSC minicamp, we, the undersigned student, parent 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 Rhineland Figure Skating Club employees and agents from any liability whatsoever, which may arise as a result of participation in the Rhineland Figure Skating Club minicamp. 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 Rhineland Figure Skating Club or their staff or employees. All risks attendant to observing and/or participating in the Rhineland Figure Skating Club minicamp 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.

The Rhineland 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 the Rhineland Figure Skating Club.

The Rhineland Figure Skating Club reserves the right to use any pictures taken during the school 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's Signature	Date	Parent/Guardian Signature	Date
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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 judgment may be deemed necessary in the care of:

Name of Skater	Date of Birth	
Physician Name	Physician Phone #	
Allergies	Medicines Currently taking	
Outstanding medical history		
Insurance Company	Policy Number	Name of Subscriber