

# Summer Advanced Basic Skills

## Figure Skate Camp

### Summer Skate Camp

**Camp 1**— June 10 - June 13, 2019

**\$120 (4, 2.5 hour sessions)**

**Camp 2** — June 24 - June 27, 2019

**\$120 (4, 2.5 hour sessions)**

**Camp 3** - July 15 - July 18, 2019

**\$120 (4, 2.5 hour sessions)**

Sign up for 2 camps and get \$40 off second camp

**Monday - Thursday**

*10:00a till 12:30p*

**Must be in Basic 5 or above to participate**  
**(Walk-in price \$40 per day)**

Advanced Skills Camp Time Breakdown:

**Basic 5 - Freestyle 3**

10:00a - 10:20a & 11:50p - 12:30p *off ice*

10:30a - 11:30a *on ice.*

**\*Camp 1, 2, or 3**

**\$120 for 4 days /\$40 walk on per day**



**SKATE SCHOOL**

Any questions or concerns please contact

Kay Olive at 913-441-3033

Or [kolive@kcicecenter.com](mailto:kolive@kcicecenter.com)

**Campers will be working on ice trying these skills:**

Power and edge classes

Stroking techniques

Moves in the field

Spins & Jumps

Artistry class

Introduction to Ice Dance

Ballet

Stretching and yoga

Off ice conditioning/proper warm up

Jumps class

**Please fill out this form entirely to ensure that we have your most current information! Thank you.**

**PLEASE PRINT**

**1st Skater** Name \_\_\_\_\_ DOB \_\_\_\_\_

Skating Level \_\_\_\_\_ Circle one: **Camp 1** **Camp 2** **Camp 3**

**2nd Skater** Name \_\_\_\_\_ DOB \_\_\_\_\_

Skating Level \_\_\_\_\_ Circle one: **Camp 1** **Camp 2** **Camp 3**

**Parents Name** \_\_\_\_\_ **\*Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Where did you find our phone number?** \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

\*Email addresses will ONLY be used for skate school updates while you are currently enrolled in our program.

Skate school updates/ notifications will be sent via email, so please make sure we have your updated email address.

Camp 1 , 2 , or 3                      \$120.00 X \_\_\_\_\_ = \$ \_\_\_\_\_,

*Sign up for 2 camps and get \$40 off 2nd camp*

2nd camp \$80                      X \_\_\_\_\_ = \$ \_\_\_\_\_

Prorate per day \$40                      X \_\_\_\_\_ = \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Prorate Days attending:**

*Please make checks payable to KCIC. KCIC accepts **MC, Visa, and Discover***

\_\_\_\_\_

**KCIC Liability Release Waiver (REQUIRED SIGNATURE)**

By having registered the above person in lessons I, as parent or guardian of the participant, agree to allow the individual named herein to participate in the aforementioned activities, and I further agree to indemnify and hold the KCIC, skating school director, and instructors harmless from and against any and all liability for an injury or loss of property by the aforementioned individual(s) arising out of or in conjunction with his or her participation in this activity.

KCIC reserves the right to cancel or combine classes due to low enrollment. **KCIC has a no refund policy on class fees.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_