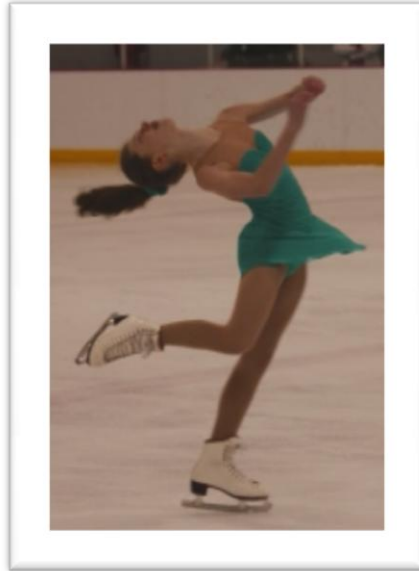


# Summer 2011

## OFF-ICE TRAINING PROGRAM



- JUMP TECHNIQUE
- CONDITIONING
- STRETCHING
- BALLET
- JAZZ
- LYRICAL
- MODERN
- THEATRE



**Reach your Dreams with the  
Midland Figure Skating Club!**



# Jump Technique & Conditioning



Taught by  
**TERI HAAG**  
NSCA Certified Personal Trainer



## New for Summer 2011

- \*Equalizer Total Body Workout
- \*Foam Roller Massage
- \*Brand New Exercise Mats
- \*And more!

## Midland Civic Arena

Tuesday	9:00-9:45 a.m.	Jump Technique
	2:00-2:30 p.m.	Conditioning 1
	2:30-3:15 p.m.	Conditioning 2/3
Thursday	9:00-9:45 a.m.	Jump Technique
	2:00-2:30 p.m.	Conditioning 1
	2:30-3:15 p.m.	Conditioning 2/3

*Note: Personal Training is available and encouraged for a custom workout.*

# Summer 2011 Off-Ice Registration Form

**\*\*FORMS DUE JUNE 7th, 2011. Place in Coach Teri's folder in the MFSC locker room. Out -of-club skaters, submit with your Summer Ice Registration\*\***

Skater's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Highest Tests Passed:

FS \_\_\_\_\_ MIF \_\_\_\_\_ Dance \_\_\_\_\_ Basic Skills \_\_\_\_\_

Primary Coach: \_\_\_\_\_ Coach Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Midland Civic Arena

Tuesday	9:00-9:45 a.m.	Jump Technique	\$9/class
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Tuesday	2:00-2:30 p.m.	Conditioning 1	\$6/class
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Tuesday	2:30-3:15 p.m.	Conditioning 2/3	\$9/class
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Thursday	9:00-9:45 a.m.	Jump Technique	\$9/class
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Thursday	2:00-2:30 p.m.	Conditioning 1	\$6/class
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Thursday	2:30-3:15 p.m.	Conditioning 2/3	\$9/class
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**Note:** Only classes meeting the minimum requirement of students will be held.  
Classes with low enrollment will be cancelled and refunded.

I have read and agree to abide by the Policies of the Summer 2011 Off-Ice Fitness Program.

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

\_\_\_\_\_  
Date

# Summer 2011 Off-Ice Registration Form

**TUESDAY 9:00-9:45 a.m. Jump Technique**

6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23

\_\_\_\_\_ x \$9 = \_\_\_\_\_

**TUESDAY 2:00-2:30 p.m. Conditioning 1**

6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23

\_\_\_\_\_ x \$6 = \_\_\_\_\_

**TUESDAY 2:30-3:15 p.m. Conditioning 2/3**

6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23

\_\_\_\_\_ x \$9 = \_\_\_\_\_

**THURSDAY 9:00-9:45 a.m. Jump Technique**

6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25

\_\_\_\_\_ x \$9 = \_\_\_\_\_

**THURSDAY 2:00-2:30 p.m. Conditioning 1**

6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25

\_\_\_\_\_ x \$6 = \_\_\_\_\_

**THURSDAY 2:30-3:15 p.m. Conditioning 2/3**

6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25

\_\_\_\_\_ x \$9 = \_\_\_\_\_

Subtotal: \_\_\_\_\_

Payment enclosed on or before 6/7/11: \_\_\_\_\_ (minimum 50%)\*

Balance due 7/11/11: \_\_\_\_\_

***Check payable to Teri Haag***

**\*Payment may be split for totals exceeding \$200.**

*Skate Detroit begins July 19th. Classes on Tuesday, and/or Wednesday, and/or Thursday of that week may be cancelled due to the competition.*

# Policies

- A Health History form, Agreement of Release and Waiver of Liability document and Medical Release document must be on file prior to participation
- Injured athletes under the treatment of a physician must provide a physician's note prior to return to unrestricted activity
- Classes may be added, deleted or modified at any time
- Payment must be rendered in cash or check prior to service. Make checks payable to Teri Haag
- Refunds are remitted only in the case of class cancellation by the instructor or due to injury or illness as documented by a physician
- The instructor's discretion determines class placement for skaters; e-mail the instructor (terisk8s@yahoo.com) if you are unsure which classes are appropriate for your skater
- Inappropriate, disruptive or unsafe behavior is not permitted and is grounds for removal from class
- Participants must have appropriate clothing and footwear, including well-fit, supportive athletic shoes
- Participants must bring a water bottle to class

## **All classes are taught by professional coach Teri Haag:**

- National Strength and Conditioning Association Certified Personal Trainer
- Member of the Professional Skaters Association and United States Figure Skating
- Eight years of experience coaching figure skating; experience coaching skaters through Senior Free Skating and Senior Moves in the field tests, Regional, Sectional and Junior National competitors, multiple synchronized skating teams, State Champion High School Skating Team, and ice dance
- Seven years of experience coaching off-ice fitness classes for figure skaters
- University educated in Exercise Science

# Health History Form

## SKATER INFORMATION

Skater's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

## HEALTH HISTORY

Pre-existing or present medical condition \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ If yes, please explain:

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

As the parent/legal guardian of \_\_\_\_\_, I do hereby give my consent for the above named student to participate in fitness classes, activities or programs led by Teri Haag.

I understand that the above named student will be participating in physical activity that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

With this understanding I knowingly, voluntarily and expressly waive any claim I may have against Teri Haag for injury or damages that the above named student may sustain as a result of participating in the fitness classes, activities or programs.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

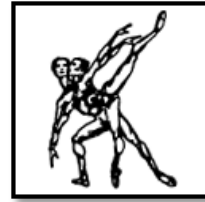
\_\_\_\_\_  
DATE

## MEDICAL RELEASE

In the event of an emergency I give my permission to Teri Haag to secure medical attention for my child if the emergency contact I have selected cannot be reached. I further give my permission to the physician or other healthcare professional selected by Teri Haag to secure and/or administer medical treatment to my child as deemed necessary by a medical professional.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

\_\_\_\_\_  
DATE



**212 Northgate, Midland, MI 48640**

989-631-8489

[www.deanblack.com](http://www.deanblack.com)

email: [studio@deanblack.com](mailto:studio@deanblack.com)



**Summer Dance Intensive  
for Figure Skaters**

**Tuesday & Thursday**

**4:00-5:00 p.m.**

**Taught by Sandra Black**

**Classes will consist of beginning/intermediate ballet technique as well as jazz, modern and lyrical dance. Emphasis on dance technique as well as arms, emotional expression, stretching and strengthening exercises.**

Dates: June 21&23, 28&30; July 5&7, 12&14, 19&21, 26&28

Cost: \$180 for 12-session summer intensive

Name \_\_\_\_\_

Age/Grade/School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Parents Name \_\_\_\_\_

Phone number/Cell \_\_\_\_\_

Dance Experience \_\_\_\_\_

Years Skating \_\_\_\_\_

**Submit registration form with your MFSC Summer Ice OR Basic Skills Registration by June 7th.**

**DEAN/BLACK SCHOOL OF PERFORMING ARTS INC.  
STATEMENT OF INFORMED CONSENT AND RELEASE OF CLAIMS**

(Insert parents name and ten child's)

I \_\_\_\_\_ / \_\_\_\_\_ in consideration for the right to participate in ballet, jazz, tap, CM, lyrical, hip-hop within the Dean/Black School of Performing Arts, Inc. do hereby agree to waive, relinquish, and to hold the instructor, which may arise form or is incurred because of any transaction or occurrence associated directly or indirectly with (my/my child's /children/s) participation in the above mentioned course activity.

In making this release and waiver of liability, I acknowledge that on the basses of a discussion with my instructor of the hazards and physical stresses commonly associated with (list problems that you/your child/children might have)

\_\_\_\_\_ (class/classes) during which he/she solicited my question and answered them completely, I am fully aware of the hazards and physical stresses, and I declare that my participation in the above mentioned activity, and that any physical or mental condition which my child/children may incur during the period of enrollment in the dance activity which may interfere with me/my child/children's participation in the class activity.

Signed by: \_\_\_\_\_  
(Parent/Guardian Signature for minor students)

Date: \_\_\_\_\_

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**DEAN/BLACK SCHOOL OF PERFORMING ARTS, INC.**

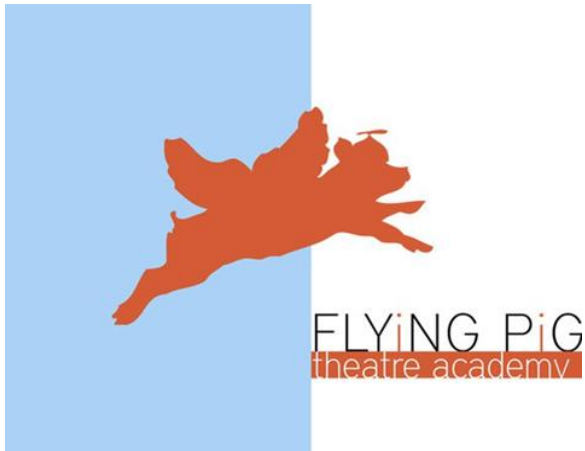
Dear Parents and Students:

After you have read the school policies and information provided to you, we ask that you sign below stating that you understand the rules and regulations of the school and received the sheets given to you upon registration.

I, (your name) \_\_\_\_\_ the parent/student of \_\_\_\_\_ have read the information sheets given to me at registration and understood fully what I have read. The office has answered all my questions regarding the policies and I agree to register under these conditions stated. I also understood the Dean/Black School of Performing Arts, inc. and its instructors are not responsible for lost or missing articles left on the studio premises. Each student is responsible for his/hers own articles.

Signature of parent/Student: \_\_\_\_\_

Date Signed: \_\_\_\_\_



***FLYING PIG THEATRE ACADEMY announces its new THEATRE ON ICE class!***

Take your skating routine to a new level with creative expression! This course is specially designed for figure skaters wanting to perfect and add more depth of expression to their performance. Students will learn how to use diverse forms of expression in their skating programs through specially selected theatre games, improvisation and characterization classes. Skaters will analyze the feeling and story line of their music and routine, determine the expressions and body language to convey the story to their audience, and practice the expressions with their choreography (off-ice) with guidance offered by expert theatre instructors, Denyse Clayton and Kristiina Pilnik.

**Location:** Classes will be held at Creative 360, 1517 Bayliss in Midland

**Date/Time:** Tuesdays and Thursdays from 4 p.m. to 5 p.m.  
August 2&4, 9&11, 16&18, 23&25

**Cost:** \$120.00 for 8 session program

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Skating Level: \_\_\_\_\_

Theatre Experience? Y N

Circle Dates: 8/2 8/4 8/9 8/11 8/16 8/18 8/23 2/25

# of Dates x \$15 = \_\_\_\_\_ (Checks payable to: META4)

*Note: Classes will build upon each other. For optimal learning, please attend as many as possible.*

**Submit registration form with your MFSC Summer Ice OR Basic Skills Registration by June 7th.**