



## *Gold Skills Clinic*

*Exclusively For Skaters Age 18+*

*Led By Lisa Coppola*

*Regional, Sectional, Junior National & International Coach*

*August 5<sup>th</sup> - August 7<sup>th</sup>*

### *Tentative Schedule:*

*Tues: 8:15-8:45 -Adult Edge Class*

*8:45-9:15- Adult Spin Class*

*9:15-10:15 – Adult FS*

*10:45-11:45 Adult Off-Ice Class*

*Lunch with Lisa*

*2:30-3:30 Adult FS*

*Wed: 8:15-8:45 -Adult Edge Class*

*8:45-9:15- Adult Style Class*

*9:15-10:15 – Adult FS*

*10:45-11:45 Adult Off-Ice Class*

*Lunch with Lisa*

*2:30-3:30 Adult MIF Seminar with Kathy Genovese*

*3:30-4:30 Adult FS*

*Thurs: 8:15-8:45 -Adult Edge Class*

*8:45-9:15- Adult Tech Class*

*9:15-10:15 – Adult FS*

*10:45-11:45 Adult Off-Ice Class*

*Lunch with Lisa*

*2:30-3:30 Adult FS*

*Fee: \$300*

*Includes 3 days of instruction  
2 on-ice classes daily Tuesday – Thursday  
1 Off-Ice Class daily Tuesday- Thursday  
2 Adult Only Freestyle Sessions daily Tuesday- Thursday  
1 Adult specific MIF seminar (Wednesday)  
Lunch daily Tue, Wed, Thurs.*

*Optional Mind Over Motion Seminar Add-On:  
Monday, August 4<sup>th</sup> \$ \_\_\_\_\_*

*Total Paid \$ \_\_\_\_\_*

**Skater's Name:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email** \_\_\_\_\_ **Highest Test Passed: FS** \_\_\_\_\_ **MIF** \_\_\_\_\_

**Phones: Home** ( ) \_\_\_\_\_ **Work/Cell** ( ) \_\_\_\_\_ **Fax** ( ) \_\_\_\_\_

Mail completed application to: ISCC Summer School, 1375 Hopmeadow Street, P.O. Box 577, Simsbury, CT 06070 or fax to 860-651-5204. For more information, please call (860) 651-5400 ext. 20.

**Payment Information:** All Applications must be accompanied with a 50% deposit. The remaining balance must be a paid by June 1, 2008 \_\_\_ Check \_\_\_ Visa \_\_\_ MC \_\_\_ Discover \_\_\_ Amex

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

In consideration of the privilege of using the ice arenas and facilities at the International Skating Center of CT (ISCC), I (we) understand that there are inherent risks in connection with the sport of figure skating. I (we) hereby assume these risks; waive any possible claim that may arise against ISCC and its employees for any damages or injuries sustained in the course of the sport. I (we) agree to indemnify and hold harmless ISCC for any such damages or injuries, which arise in connection with my (our) use of the ice arenas or the facilities.

**ISCC refund policy:** ISCC will not issue any refunds for missed or cancelled sessions. ISCC credit may be offered in these circumstances. If a refund is necessary for medical reasons, the injury/illness must have a duration of at least two continuous weeks. Refund requests must be made in writing to ISCC and the illness/injury must be documented by a physician. Refunds are subject to a 15% administrative fee.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_