EAGLE RIVER FSC OCTOBER SKATING CAMP & TEST SESSION

Lessons and USFS Test Session October 24th – 26th, 2025

eagleriverskatingcamps@gmail.com

ERFSC has a designated Scheduler and Test Chair. Please mail camp and test registrations/payments separately to the indicated addresses below. We look forward to seeing you at camp!

• Camp Registrations Due by October 10th. Scheduling completed in order received (see registration process).

Email: eagleriverskatingcamps@gmail.com

Phone: 715-904-1223

Mail to: Eagle River Figure Skating Club

c/o Trina Kaczmarek-Scheduler

12550 LaFave Rd

Manitowish Waters, WI 54545

• Test Applications Due **by October 17**th. Late applications will be accepted until 5pm on Friday, 10/24, at the

discretion of the test chair for a late fee of \$10. Send a separate check for registration and testing.

Mail to: Eagle River Figure Skating Club Phone: (715)891-2194

c/o Heather Pattison-Harsla – Test Chair

1598 East Dollar Lake Road

Eagle River, WI 54521

• Please pay coaches their fees directly before the end of camp/prior to testing. No-show or cancelled lessons (<24-hour notice) do not justify non-payment.

ERFSC OCTOBER 2025 COACHING STAFF

Coach	Per 15 Minutes	Coaching Abilities	Availability
Collin Brubaker	\$25 (Preliminary-Silver) \$30 (Pre-Gold-Gold) \$35 (International)	Dance Partner Thru International, Gold Skills, Choreography	Available all sessions
Jake Fearnley	\$25 (Preliminary-Silver) \$30 (Pre-Gold-Gold) \$35 (International)	Dance Partner Thru International, Gold Skills, Choreography	Available all sessions
Joe Buckland	\$25 (Preliminary-Silver) \$30 (Pre-Gold-Gold) \$35 (International)	Dance Partner Thru International, Gold Skills, Choreography	Available all sessions
Alexander Gamelin	\$25 (Preliminary-Silver) \$30 (Pre-Gold-Gold) \$35 (International)	Dance Partner Thru International, Gold Skills, Choreography	Saturday & Sunday only
Joel McKeever	\$26	Gold Skills & Freestyle, Pairs, Choreography, Jumps & Spins Specialist	Available all sessions
Helen Fearnley	\$20	Gold Skills & Singles, International Dance, Choreography	Available all sessions
Angie Vandersmissen	\$20	Gold Skills & Freestyle, Theatre on Ice and Showcase, Choreography	Available all sessions
Brittyni Carlson	\$20	Gold Skills & Singles, Preliminary Pairs, Gold Dance, Gold Solo Free Dance	Available all sessions
Kourtney (Hyland)Rowe	\$18	International Dance, Gold Skills, Pre-Silver Singles, Choreography	Saturday & Sunday only
Danielle Wolosek	\$18	Gold Skills, Pre-Gold Singles, International Dance, Gold Free Dance	Available all sessions
Montana Grabowsky	\$17	Gold Skills & Singles, Gold & International Dance, Gold Solo Free Dance, Choreography	Available all sessions.
Grace Hoger	\$16	Gold Dance, Gold Skills, Bronze Singles, Choreography	Available all sessions
Trina Kaczmarek	\$15	Basic Skills, Pre-Gold Dance, Pre-Silver Skills, Gold Singles, Choreography	Available all sessions
Meredith McCormack	\$8	Basic Skills, Gold Skills, Gold Dance, Gold Free- Dance, Pre-Silver Singles, Choreography	5pm-9pm Friday & Saturday
Sadie Jones	\$8	Basic Skills, Gold Skills, Pre-Gold Dance, Gold Free-Dance, Pre-Gold Singles, Choreography	3pm-9pm Friday, 12-9 Saturday Sunday all sessions

^{*}There is limited availability for USFS Certified & Insured coaches. Please contact us for walk-on coaching approval before the camp begins

Name:	Email:	USFS #:	
Contact/Parent Name:	Contact/Parent Cell Phone: _	Skater's Age:	_
Highest Test Passed: Singles	Skating Skills	Partner Dance	
If my desired general coach is not av	vailable my 2 nd choice is	my 3 rd choice is	
If my desired dance coach is not ava	ailable my 2 nd choice is	_my 3 rd choice is	_
Special Considerations/Requests (time	between lessons, etc.):		

- To request lessons: List coach preference and lesson length (15/30/45 minutes). Example: MK/30
- Mark "ICE" for practice ice only.
- Max Lessons request is 2 hours per coach per day until scheduling is completed.
- You may put two lesson requests in same session box: **Example MK 30/JB 15**

CB = Collin, JF = Jake, JB = Joe, AG = Alex, JM = Joel, HF = Helen, AV = Angie, BC = Brittyni, KR = Kourtney,

DW = Danielle W. MG = Montana, GH = Grace, TK = Trina, MM = Meredith, SJ = Sadie.

Time	Friday 10/24	sa, GH = Grace, TK = Trina, MM = N Saturday 10/25	Sunday 10/26
			•
7:15-8:00	X	X	
8:00-8:45			
8:45-9:30			
9:30-10:15			
10:15-1045	ZAM	ZAM	
10:45-11:30			ZAM 11:00 - TESTING BEGINS
11:30-1215			X
12:15-1:00	ZAM/LUNCH	ZAM/LUNCH	х
1:00-1:45			х
1:45-2:30			Х
2:30-3:15			X
3:15-3:45	ZAM	ZAM	х
3:45-4:30			X
4:30-5:15			х
5:15-6:00			х
6:00-6:45	ZAM/DINNER	ZAM/DINNER	х
6:45-7:30			x
7:30-8:15			х
8:15-9:00			х

REGISTRATION PROCESS

- 1. Complete your registration forms. Payment in **FULL** is due at time of registration. Due by 10/10/25.
- 2. IN A NEW EMAIL scan and email a copy (or picture) of your completed registration to: eagleriverskatingcamps@gmail.com. Scheduling order based on order received of scanned registration with email timestamp.
- 3. Mail your original forms with full payment (payable to ERFSC) immediately. Forms must be received within 10 days of your registration email. *Late submissions will lose their original timestamp and be processed based on the date received.*
- 4. Please send a separate check for registration and testing.
- 5. "Skaters" due to Safe Sport you must include your parent/guardian on ANY email you send regarding registration/testing/lessons/camp.
- 6. Late camp or test registrations are subject to approval by the scheduler and test chair. ERFSC reserves the right to decline them.

Name:	Email:	USFS:
Address:		
City:	State:	Zip:

MAIL IN YOUR FORMS AND CAMP FEES ASAP. Forms must be received within 10 days of your registration email. Late submissions will lose their original timestamp and be processed based on the date received. ERFSC has the right to refuse late registrations/payment.

ERFSC October Camp Fees

- *Ice Sessions are sold in 45-minute blocks.
- *Calculate ice fees in 45-minute ice blocks (not just lesson time).
- *Payment is due in FULL at time of registration.
- *Send separate checks for registration and testing.

Ice sessions: \$20 each OR Unlimited Ice: \$200

Description	Quantity	Price	Total
Total Ice		\$20	\$
Sessions		4-5	Ψ
Unlimited Ice	1	\$200	\$
Registration Fee (non-refundable)	1	\$40	\$ 40
	Φ.		

TOTAL DUE IN FULL | \$

Checks Payable to: Eagle River Figure Skating Club (EFRSC)

Mail to: Eagle River Figure Skating School c/o Trina Kaczmarek- Scheduler

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12550 LaFave Rd

Manitowish Waters, WI 54545

CAMP REFUND POLICY

More than 1 week before camp begins: 100% of camp ice fees will be refunded (minus registration fee)

7–1 days before camp begins: 50% of camp ice fees will be refunded (minus registration fee)

Once camp begins: No refunds will be issued. Special considerations may be made due to medical excuses

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

River Figure Skating Camp, we, it participating in the program and hereby release the Eagle River F and agents from any liability who Skating Camp. This release sha sustained, even if due to the negor their staff or employees. All r Camp are hereby assumed by the release are acknowledged and a The Eagle River Figure Skating C refund, when it is deemed to be	the undersigned skater, particular in the undersigned skater, particular in the undersigned skater, particular in the best interest of eit in the best interest of eit in the undersigned skaterial interest of eit in the best interest of eit in the best interest of eit in the undersigned skaterial interest of eit in the best interest of eit inter	right to terminate participation of the student or the camp. ERF	me the risks of mage to property and RRA) and its employees e Eagle River Figure and however ating Camp/the ERRA gle River Figure Skating assumption and of any student, without SC reserves the right		
to use any pictures taken during	the school for advertisir	ng and/or instructional purposes.			
	urther acknowledge bein	nild or ward and hereby do approving the parent or legal guardian of the and accurate.			
Skater's Signature	Date	Parent/Guardian Signature	Date		
	EMERGENCY TREATM	IENT RELEASE FORM			
any hospital or emergency treatme	nt center to render medica	ze any physician and/or any membe l treatment (Parents/Guardians are v be deemed necessary in the care o	responsible for all		
Name of Skater		Date of Birth			
Physician Name		Physician Phone #			
Allergies		Medicines cu	Medicines currently taking		
Outstanding medical history					
Insurance Company	Policy Number	Name of subscriber			
Skater's Signature	Date	 Parent/Guardian Sigi	nature Date		