



Skating Skills Camp

Saturday March 7, 2026 from 8am-11am

GTCC Ice Rink – Registration Deadline Feb 20, 2026

Skater Name: _____ Age: _____

Address: _____ Zip: _____

Phone Number: _____ Email: _____

Parent Name: _____

USFS# OR LTS#: _____ Home Club: _____

Highest Level/Test Passed: _____

Mail to: TFSC

**ATTN: Basic Skills Camp, PO Box 221, Schofield, WI 54476
or email completed form to timberlinefscamp@gmail.com**

Classes will be conducted both on and off ice.

Items Needed:

Skates, tennis shoes, dress in layers, water bottle & yoga mat or beach towel for floor exercises. A goodie bag including a healthy snack will be included.

\$50 Registration fee is payable Cash Check # _____
 Credit Card (receipt # _____)

[Pay by card:](#)

[Scan Here to Pay](#)



PARENTAL CONSENT, PHOTO RELEASE AND WAIVER OF RESPONSIBILITY

In consideration of the acceptance of _____ as a student in the Timberline Figure Skating Club Basic Skills Camp, 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 Timberline Figure Skating Club employees and agents from any liability whatsoever, which may arise as a result of participation in the Timberline Figure Skating Club Basic Skills Camp. 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 Timberline Figure Skating Club Basic Skills Camp or their staff or employees. All Risks attendant to observing and/or participating in the Timberline Figure Skating Club Basic Skills Camp 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 Timberline Figure Skating Club Basic Skills Camp reserves the right to use any pictures taken during the camp for advertising and/or instructional purposes.

I have read the foregoing, and hereby 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 (if over 18)

Date

Parent/Guardian Signature

Date

EMERGENCY TREATMENT RELEASE FORM

I, _____, do 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

Current Medication

Outstanding Medical History

Skater's Signature (if over 18)

Date

Parent/Guardian Signature

Date