



Saratoga Springs Recreation Department

Intro to Ice Skating Fall 2015

“A good foundation in skating can produce a lifetime of pleasure on the ice”

Register by mail or in person at the Recreation Center

Mon-Fri 9am-7pm and Sat 12-5pm

Register early to secure a spot and save!



Dates: Oct 31 – Dec 19

Times (Choose one):

Tue 10-11a, Tue 5-6p, Sat 1-2p, Sat 2-3p

Early Bird Registration Period: Aug 10 - Oct 4

Early Bird Registration Fee: C \$50 N \$70

After Early Bird Registration Fee: C \$75 N \$95

Skate Rentals: \$4/Class or \$25 Punch Card for session

Location: Saratoga Springs Ice Rinks

Intro to Ice Skating is designed to introduce skaters to the exciting world of ice skating and to build upon skills already learned. Our program prepares a skater for more specialized forms of ice skating.

- Classes will be grouped by age and ability and will consist of 1/2 hour instruction and 1/2 hour practice
- A responsible adult must accompany 3-6 yr olds on the ice
- Helmets are mandatory for all children, whether they are on the ice or watching from a stroller

Our instructors have many years teaching proper skating technique while emphasizing fun and safety.

Meet our top-notch staff:

- | | |
|-------------------|---|
| Jill Ramos: | USFS Quadruple Gold Medalist
Over 10 yrs coaching experience |
| Amanda Shelburne: | Regional and National Coach
PSA Master Rated |
| Pat Kenkel: | Regional and National Coach
Over 37 yrs coaching experience |
| Kelsey Clechenko: | National competitor |

Don't miss out...

Early Bird Registration for Winter 2016
Intro to Ice Skating begins Nov 2

Open Figure, Hockey and Public skating sessions are also available.

Please visit www.SaratogaRec.com for the schedule



Saratoga Springs Recreation Department
15 Vanderbilt Ave Saratoga Springs, NY 12866
518-587-3550 ext 2300 recreservations@saratoga-springs.org
Download forms at: www.SaratogaRec.com



Introduction to Ice Skating Program Information

Goals

- Be safe
- Have fun
- Learn to skate
- Advance ice skating skills

Emergency Authorization form must be filled out for:

- Participant (s)
- Adult (s) who will be on ice
- Other family members who might be on ice

Skates

- Single Blade ONLY
- Figure, Hockey or Hybrid acceptable
- Figure has flatter blade, better for those just starting out
- Size should be same as shoe size or size smaller
- Should have good ankle support
- Blades should be free of rust

Helmet Requirements (Bike, Ski, Riding or Hockey)

- Participant (s)
- Other children who will be on ice
- Helmet must fit snugly

Equipment List

- Skates (Unless renting)
- Helmet
- Mittens or gloves
- Outdoor winter wear (snowpants, jacket)
- Small cloth rag or towel (To wipe down skates)

Communication

- Announcements made at the beginning of each session
- Handouts placed on tables
- Signs posted on rink doors
- Emails/Website updates

Parental Helps

- Arrive at the rink early enough to be ready to step on the ice when the session starts (For most families this is 15-20 minutes ahead)
- Participate with your child during instruction time as needed
- Encourage safe behavior from your child at all times
- Watch for periodic posted information signs and emails

Skating Skills Checklist

Dear parent/skater:

Thank you for registering for the Saratoga Springs Recreation Department's Intro to Ice Skating program!

Please place a check mark next to those skills you or your child (children) is (are) able to do.

This will help us place you or your child (children) in the appropriate class.

If you are unsure, place a ? next to the skill.

If you or your child (children) has (have) never skated before, please place a check mark here ____.

Please fax this sheet back to the Recreation Department at 584-1748 or email it to

jill.amos@saratoga-springs.org

Thanks for your cooperation!

Jill Ramos

Program Coordinator

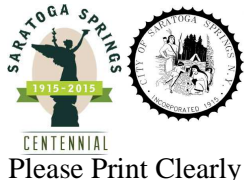
Saratoga Springs Recreation Department

518-587-3550 x2303

www.jill.amos@saratoga-springs.org

Skater's Name: _____

- | | |
|---|---|
| ___ Sit and stand up with skates on - off ice | ___ Forward swizzles |
| ___ Sit and stand up – on ice | ___ Backward wiggles |
| ___ March in place | ___ Forward skating |
| ___ March forward | ___ Snowplow stop |
| ___ March, then glide on 2 feet | ___ Forward 1 foot glide |
| ___ Dip in place | ___ Backward swizzles |
| ___ Dip while moving | ___ Forward slaloms in s straight line |
| ___ Forward pumps around circle | ___ Backward crossovers |
| ___ Backward pumps around circle | ___ 2-foot turn from forward to backward in place |
| ___ Forward outside edge, R & L | ___ Moving forward 2-foot turn |
| ___ Forward inside edge, R & L | ___ Forward outside 3-turn, R & L, from a stand still |
| ___ Forward crossovers | ___ Forward inside 3-turn, R & L, from a stand still |



Saratoga Springs Recreation Department

Fall 2015/Winter 2016 Intro to Ice Skating Registration

Early Bird Fall Registration Period Aug 10-Oct 4

Early Bird Winter Registration Period Nov 2-Jan 3

Please Print Clearly

PARTICIPANT INFORMATION

Circle one:	City Resident	School District Resident	Non School District Resident			
Last Name	First	Male Female	Current Grade	Gr Entering Sept. 2015	Birth Date	Age
Parent / Guardian Name	First	Email			Primary Phone ()	

Have you completed the 2015 Annual Permission agreement? Yes No If yes, Card Color: _____ Card #: _____

INTRO TO ICE SKATING (Kids)

Circle all applicable CODES and FEES

Date	Clinic	City Resident	School Resident	Non School Resident
Oct 31 – Dec 19	Early Bird Intro to Ice Skating	6WK FCC \$50	6WK FCS \$70	6WK FCN \$70
	After Early Bird Intro to Ice Skating	6WK FCC \$75	6WK FCS \$95	6WK FCN \$95
Please Select Session:				
Tuesdays: 10-11am <input type="checkbox"/> 5-6pm <input type="checkbox"/>				
Saturdays: 1-2pm <input type="checkbox"/> 2-3pm <input type="checkbox"/>				
Jan 5 - Feb 27	Early Bird Intro to Ice Skating	6WK WCC \$50	6WK WCS \$70	6WK WCN \$70
	After Early Bird Intro to Ice Skating	6WK WCC \$75	6WK WCS \$95	6WK WCN \$95
Please Select Session:				
Tuesdays: 10-11am <input type="checkbox"/> 5-6pm <input type="checkbox"/>				
Saturdays: 1-2pm <input type="checkbox"/> 2-3pm <input type="checkbox"/>				

INTRO TO ICE SKATING (Adults)

Circle all applicable CODES and FEES

Date	Clinic	City Resident	School Resident	Non School Resident
Oct 31 – Dec 19	Early Bird Intro to Ice Skating	6WSACC \$50	6WSACS \$70	6WSACN \$70
	After Early Bird Intro to Ice Skating	6WSACC \$75	6WSACS \$95	6WSACN \$95
Please Select Session:				
Tuesdays: 5-6pm <input type="checkbox"/>				
Saturdays: 2-3pm <input type="checkbox"/>				
Jan 5 – Feb 27	Early Bird Intro to Ice Skating	6WSACC \$50	6WSACS \$75	6WSACN \$70
	After Early Bird Intro to Ice Skating	6WSACC \$75	6WSACS \$95	6WSACN \$95
Please Select Session:				
Tuesdays: 10-11am <input type="checkbox"/> 5-6pm <input type="checkbox"/>				
Saturdays: 1-2pm <input type="checkbox"/> 2-3pm <input type="checkbox"/>				

Volunteering ?	Your Last Name	First	Program/Clinic
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OFFICE USE ONLY

City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)			School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)		
Cash Amount:	Check #:	Total Amount:	Date:	Batch #:	Staff Initials:

There will be no reminder phone calls about the clinics/programs, please keep the all information! Please make checks payable to the Commissioner of Finance.

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City of Saratoga Springs' Recreation Department Adult Recreation Permission Agreement

PARTICIPANT INFORMATION				
Last Name	First	Male Female	Birth Date	Cell ()
Street Address		City	State	Zip Home ()
Email		School District		

EMERGENCY CONTACTS (if you need additional contacts please attach)			
Last Name	First	Relationship to Participant	Phone ()
Last Name	First	Relationship to Participant	Phone ()

EMERGENCY MEDICAL AUTHORIZATION FORM
Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications. Please attach additional sheets if necessary.
Allergies

MEDICAL AGREEMENT		
I fully understand and acknowledge that there are inherent risks and dangers in my participation in recreational activities and that my participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered.		
<table style="width: 100%;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

RECREATION AGREEMENT		
Please consult your physician prior to your participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that you have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important for you to understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.		
In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my participation in Recreation sponsored activities. I also understand and acknowledge my participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that I may be photographed or videoed and my name may be used for publicity purposes for the Saratoga Springs Recreation Program.		
I hereby agree to participate in City sponsored Recreation Program activities in accordance with the City's rules and regulations and acknowledge no physical or emotional issue which would prohibit me from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.		
<table style="width: 100%;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

OFFICE USE ONLY	
City Resident (Y / N)	City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)
School District (Y / N)	School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)



City of Saratoga Springs' Recreation Department
Child Recreation Permission Agreement

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CHILD'S INFORMATION				
Child's Last Name	First	Male Female	Current Grade	Birth Date
Street Address	City	State	Zip	Age
Email	School Attending		Primary Phone ()	

PARENT/GUARDIAN INFORMATION				
Parent/Guardian Last Name	First	Parent/Guardian Last Name	First	
Street Address (if different)	City	State	Zip	Cell ()
Email (if different)				Home ()

EMERGENCY MEDICAL AUTHORIZATION FORM
Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications. Please attach additional sheets if necessary. IF NONE MARK N/A
Allergies

EMERGENCY CONTACTS (if you need additional contacts please attach)			
Last Name	First	Relationship to Child	Phone ()
Last Name	First	Relationship to Child	Phone ()

MEDICAL AGREEMENT	
I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in recreational activities and that my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered on behalf of my child.	
Parent / Guardian Signature	Date

RECREATION AGREEMENT	
Please consult your child's physician prior to your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that your child has expressed a desire to participate in a City sponsored Recreation Program, it is important for you and your child to understand the goals and rules established for the Program. Each child will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.	
In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my child's participation in Recreation sponsored activities. I also understand and acknowledge my child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that my child may be photographed or videoed and his/her name may be used for publicity purposes for the Saratoga Springs Recreation Program. I hereby agree to give permission for my child to participate in City sponsored Recreation Program activities and acknowledge no physical or emotional issue which would prohibit him/her from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child's participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.	
Parent / Guardian Signature	Date