

# Skating Skills Clinic

Evening Sessions

September 21-25, 2009 Monday-Friday

**Group 1-Mites/Squirts/New Pee Wees** limited to 20 skaters.....\$130

6:15pm-7:00pm on 9/21, 23, 24, 25 45 minutes

6:45pm-7:30pm on 9/22

**Group 2-Returning Pee Wees to Adult** limited to 20 skaters.....\$160

7:15pm-8:30pm on 9/21, 23, 24, 25 1 hour 15 minutes

7:45pm-9:00pm on 9/22

Full Gear Required

### Experienced Skating Instructors

*Attention to Proper Form and Technique\* Positive Training Environment\* Individual Skater Confidence\*Dedication to Individual Skater Improvement*

### On Ice Skating Skills Areas of Concentration

*Balance\*Agility\* Quickness\*Speed\*Flexibility\* Power & Acceleration\**

*Endurance\* Blade Maximization\* Stick & Puck Control Skills\* Breathing Techniques*

Register ASAP to reserve your spot\* Payment due at time of registration

\* Checks payable to Matt McLean\*

Please Return Registration Form to:

Skating Clinic/Matt McLean

PO Box 8003

Medford, OR 97504

Name: \_\_\_\_\_ Group(circle one): 1 2

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Name and # \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

### RELEASE OF LIABILITY

My participation is solely voluntary. I understand that my participation should not result in personal injury to me. However, I acknowledge that in the event of physical injury to me resulting from my participation no medical treatment or monetary compensation will be provided by Matt or Scott McLean. I must look to my own health insurance policies. I understand that the above named are not held liable for accidents, injuries or loss, however caused, from the drills or techniques associated with or part of this skating program.

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

Call 541-210-0397 or email [McLean.Burggrafskating@yahoo.com](mailto:McLean.Burggrafskating@yahoo.com) with questions