



2010 POWER SKATING CLASS

Higher: Must have **passed the Pre-Preliminary or Adult Pre-Bronze Moves-in-the-Field test**
 This class will utilize the full ice surface, minus the very middle of the ice

Lower: Must have **passed Basic Skills Level 4 and no USFS Moves-in-the-Field test**
 This class will utilize the middle circle and the ice from blue line to blue line

The MFSC Power Skating Class is intended to help skaters realize the full power and stamina they can obtain through proper use of edges and conditioning. Skaters will spend an intense ½ hour training to improve their performance, whether their goal is testing or competing. This Power Skating Class will be a concentrated workout and will provide skaters with an understanding of the importance of proper edge use, strength, and stamina as fundamental tools for putting together an effective skating performance. The size of the class will be limited to 20 skaters for safety reasons

SESSION II: 1/9, 1/23, 1/30, 2/6, 2/20, 3/6 (six classes) **NO CLASS 1/16, 2/13, 2/27**

Coach(es): Jilayne Lee, Kristin McNally, Ryan Yearous, Alex Darnell, Brynn Molloy

Day & Time: Saturdays, 8-8.30am (in between club ice sessions...7-8am & 8.45-9.45am on Power Skating Class days, see above)

Cost: Higher - \$66 (includes ice time & coaching)

Lower - \$42 (includes ice time & coaching)

Drop-in - \$15/class

Policies: Must be current MFSC members. Classes will not be offered on a drop-in or prorated basis. Enrollment is limited to 20 skaters. If less than 10 people register, this class will be cancelled.

Registration Deadline: Tuesday, January 5, 2010

Power Skating Class Registration

Parent or Guardian Information

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|---------------------------------------|--------|----------------|------------|----------|------|
| Parent or Guardian Information | | | | | |
| Parent/Guardian Name: | | | Phone: | | (hm) |
| Address: | | | Phone: | | (wk) |
| City: | State: | Zip: | Email: | | |
| Skater Information | | | | | |
| Skater Name (Last, First, Middle I.) | | | Circle One | | |
| #1: | M or F | Date of Birth: | Age: | USFSA #: | |
| #2: | M or F | Date of Birth: | Age: | USFSA #: | |
| #3: | M or F | Date of Birth: | Age: | USFSA #: | |
| #4: | M or F | Date of Birth: | Age: | USFSA #: | |

Office Use Only:

Payment received: ____/____/____ Cash _____ Check (#) _____ Staff Initials _____