Development Camp for Figure Skaters
Held at The Rice Lake Hockey Arena in Rice Lake, Wisconsin
August 7-10, 2016
Featuring: Olympic, International and National Level Coaches and Competitors:
Diane Agle, Steven Cousins, Caryn Kadavy and Kayla Johnson

Camp highlights include On and Off-ice training for the complete skater, meals, day camp and full camp options. Strength, Flexibility, Choreography, Artistry, Power, and Private Lessons available.
For information, please see our website at www.northwoodsfsc.com
Or contact Kevin Sohn 715 - 520 - 7269
The Winners Edge Figure Skaters Camp is a program designed to address the developmental needs of the figure skater at all levels. Skaters will be grouped according to level of jumps they are landing, currently working toward, or with which they need or desire assistance.

Your Winners Edge Development Camp fee includes:

- On and Off Ice Sessions with each of the coaches
- All meals from breakfast on Monday through lunch on Wednesday.
- Lodging at the Microtel Inn in Rice Lake begins Sunday night.
- Camp T-shirt
- Private Lessons are available for additional fee (Lesson fees due at time of registration).
- Daily “chalk talk” with the National, World and Olympic coaches.

2016 Winners Edge Development Camp Coaches:

Diane Agle
Former International, World, and Olympic Competitor. Diane has also coached competitors and medalists in 30 National and 15 World Championships and 5 Olympic Games. Among her own skaters’ achievements, she has coached Olympic Pairs Champions Kitty & Peter Carruthers, Olympians Kristi Yamaguchi and Rudy Galindo, Calla Urbanski and Rocky Marval, Todd Eldridge and renowned choreographer Lori Nichol. She was the main coach to National and International Team members Tricia Mansfield and Sheperd Clark. Diane has also choreographed for principal skaters in Ice Capades, Disney on Ice, Holiday on Ice and Ice Follies. She is a presenter at various seminars for skaters and judges throughout the U.S. and Canada.

Steven Cousins
2001: American Open - 2nd; 1998: Sears Open - 4th, British Champ - 1st; Winter; Olympic Games - 6th, World Figure Skating Champ - 7th; 1997: British Champ - 1st; 1996: World Figure Skating Champ - 15th, European Figure Skating Champ - 4th, NHK - 5th, Skate Canada - 5th; 1995: World Figure Skating Champ - 8th. European Figure Skating Champ - 11th; 1994: Winter Olympic Games - 9th. World Figure Skating Champ - 10th. European Figure Skating Champ - 11th; 1992: Winter Olympic Games-12th

Caryn Kadavy
Ms. Caryn Kadavy, a U.S. National and World medalist, and Olympic contender, brings over 30 years of skating experience to camp, both amateur and professional. After turning pro, she skated with Katarina Witt and Brian Boitano in their professional tours. She then turned to professional competition, and has won several events.

Kayla Johnson
Ms. Johnson is a two-time USFS Gold Medalist (Freestyle and M1F); passed ISI Freestyle 9. She competed at the Senior level for 3 years, performed in many professional shows, and is a featured coach on iCoachSkating.com. She holds a Certification in Personal Training through the National Strength and Conditioning Association, a Bachelor’s in Kinesiology with a minor in Coaching. She works with Blades in Motion, LLC in the Twin Cities.

Registration and payment in full are due by June 15, 2016.

Total cost for the camp is $495.00. Day Camp is $465.00 (no lodging).

Late applications will be accepted if there is space available. The camp is located at the Rice Lake Hockey Arena in Rice Lake, WI, and lodging will be at the Microtel Inn and Suites in Rice Lake, WI. Rice Lake is located 2 hours south of Duluth, Minnesota; and 2 hours from the Minneapolis/St. Paul metro area.
Winners Edge Development Camp for Figure Skaters
Registration Form

Skater’s Name:__________________________________________________________________________

Parent (s):______________________________________________________________________________

Address:_______________________________________________________________________________

Telephone: Home_________________________________   Alternate_____________________________

Email:___________________________________________

USFSA #:_____________________________

Age: _______________Date of Birth:_______________________

Home Club:____________________________________________________________________________

Highest Freestyle Test Level Completed:_____________________________________________________

Jumps landing consistently:_______________________________________________________________

Jumps currently working toward:___________________________________________________________

T-shirt size: Adult  XS_______S_______M_______L_______XL_______

Deposit or payment in Full (Please circle below) must accompany registration.
Deposit $150 minimum ________  or Paid in Full $________________

20 Minute Private Lessons will be available for purchase at a cost of:
$44 for individual lessons with Diane Agle, Steven Cousins and Caryn Kadavy.
$27 for individual lessons with Kayla Johnson.

Private lessons must be paid in full with deposit and are
on a first come - first served basis. Limit 2 per instructor.

Number of Private Lessons with:
Diane Agle ________________@ $44 each
Caryn Kadavy ______________@ $44 each
Steven Cousins_____________@$44 each
Kayla Johnson______________@$27 each

Signature of parent or legal guardian________________________ Date____________________
(required if skater is not 18)

Make checks payable to: Northwoods Figure Skating Club

Mail to: Winners Edge Camp for Figure Skaters
        Attn: Kevin Sohn
        N4889 Randall Lake Road
        Spooner, WI 54801
Winners Edge/NFSC Camp for Figure Skaters Health History

Name: ______________________ Date of Birth: _______________ Parent/Guardian: ______________________

Address: _______________________________________________ City: ___________________ State: ______
Zip:________________

Home Phone: ___________________ Cell Phone: _____________________ Alternate: __________________________

Alternate Emergency Contact (in case we are unable to contact parent/guardian):
Name: ________________________ Relation: ________________________ Telephone:____________________

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Allergies: (Please include allergies to Medications, foods, and environmental allergies).
___________________________________________________________________________________________

Does participant take any Medications Regularly? Yes_____ No_____  
If yes: Please list medications, and if participant will need assistance with administration, storage or schedule).  
Sign authorization for medication administration .

___________________________________________________________________________________________
(If additional room is needed please attach separate paper).

Last Medical Attention and reason: ______________________________________________________________

Previous Surgeries/Hospitalizations: _____________________________________________________________

___________________________________________________________________________________________

Existing Medical Conditions that may require special attention, or limit participant in activities: ______________

___________________________________________________________________________________________

Immunizations: (due to the range of ages of participants, the requirements will differ).

MMR: (measles, mumps, rubella) 1st dose: ____________ 2nd dose: ___________

Tetanus Diphtheria (dT or DPT) Initial series completed: __________ last tetanus booster: ___________

Has the participant ever had, or is currently experiencing any of the following: Check all that apply and explain

Asthma _____ High Blood Pressure _____ Bleeding Disorders _____ Head Injury _______

Joint Injury/Surgery _____ Diabetes _____ Neck/Back Pain _____ Epilepsy _____ Seizures _____ Heart Disease _____

Any other conditions which require special consideration, or which have not been addressed:
___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________
Authorization for Participation in Camp Activities and Hold Harmless Agreement.

I, _________________________________ as parent/guardian of ____________________________________, agree to release Winners Edge for Figure Skaters Camps, Rice Lake Hockey Association, Northwoods Figure Skating Club camp directors, staff and participants of responsibility for any injury, illness or harm that may come to the above named participant while participating in camp sponsored and/or directed activities.

Parent/Guardian Signature __________________________ Date ____________

Authorization for Emergency Medical Treatment

I, ______________________________ as parent/guardian of ____________________________, hereby authorize directors, staff or agents of Winners Edge for Figure Skaters Camps, to obtain necessary emergency medical treatment for the above named participant, in the event that I can not be reached. I also attest that the health history listed on the reverse side is correct, to the best of my knowledge.

Medical Insurance: ______________________________________________________________
Policy Number: ____________________________
Physician: _________________________________ Clinic: _____________________________

Parent/Guardian Signature __________________________ Date ____________

Authorization for Image Release

I hereby give Winners Edge Development Camp permission to use my child’s Video/photograph/image/statements (During the camp) for future promotional purposes of the camp. This may be published electronically, printed or used in presentations or exhibitions without payment or any other compensation consideration.

Parent/Guardian Signature __________________________ Date ____________

Persons authorized to pick up skater
(others than parents/guardians listed above)

1__________________________________________Phone_________________________________
2__________________________________________Phone_________________________________
3__________________________________________Phone_________________________________
Winners Edge/NFSC Camp for Figure Skaters Health History

Medication administration authorization

I, ______________________________ as parent/guardian of ___________________________, hereby authorize directors, staff or agents of Winners Edge for Figure Skaters Camps, to administer the following medications as directed to the above named participant while he/she is participating in a camp authorized activity. Any Medication administered will be from an original bottle with participants name and dosage.

Name of Medication___________________________   Dosage_____________________  
Name of Medication___________________________   Dosage_____________________  
Name of Medication___________________________   Dosage_____________________  
Name of Medication___________________________   Dosage_____________________  

I release all camp personnel or designated staff from any and all liability in the event of an adverse reaction resulting from the use or administration of the medication(s) in relation to this request when the medications are given as directed above.

I will notify the camp personnel of any changes to the list of non-prescription medications excepted or allowed.

I give permission to the camp staff to communicate with a physician/health care personnel regarding any information that needs to be disseminated or obtained concerning nonprescription or prescription medications.

Parent/Guardian Signature ___________________________    Date ___________
Guidelines for Concussion and Head Injury

What is a concussion?

A concussion is a type of traumatic brain injury that interferes with normal functioning of the brain (changes how the cells in the brain normally work). A concussion can be caused by a bump, blow, or jolt to the head or body. Basically, any force that is transmitted to the head causing the brain to literally bounce around or twist within the skull can result in a concussion. Over 90% of concussions do not involve loss of consciousness. It is important to note that a concussion can happen to anyone in any sport or athletic activity.

Concussion affects people in four areas of function:

1. Physical – This describes how a person may feel: headache, fatigue, nausea, vomiting, dizziness, etc.

2. Thinking – Poor memory and concentration, responds to questions more slowly, asks repetitive questions. Concussion can cause an altered state of awareness.

3. Emotions - A concussion can make a person more irritable and cause mood swings.

Sleep – Concussions frequently cause changes in sleeping patterns, which can increase fatigue.

**Common Symptoms Reported by Athlete:**

- Headache
- Nausea
- Balance problems
- Dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling mentally foggy
- Concentration or memory problems
- Confusion
- Ringing in the ears

**Signs, Symptoms, or Behaviors Consistent with Concussion:**

(What others can see in an injured athlete)

- Appear dazed or stunned
- Change in level of consciousness or awareness
- Confused about what to do
- Forgets play(s)
- Memory loss/amnesia
- Unsure of score, game, opponent
- Clumsy
- Slow to answer questions or follow directions
- Changes in behavior or personality
- Loss of consciousness
- Asks repetitive questions
- Can’t recall events before or after hit/blow
Wisconsin Concussion Law Act 172 - Statute 118.293

The Wisconsin DPI has published the Sideline to Safety (concussion law) guidelines for youth athletic organizations. With the publication of the guidelines, the law is now implemented.

Summary

The law requires all youth athletic organizations to educate coaches, athletes and parents on the risks of concussions and head injuries and prohibits participation in a youth activity until the athlete and parent or guardian has returned a signed agreement sheet indicating they have reviewed the concussion and head injury informational materials. The law requires immediate removal of an individual from a youth athletic activity if symptoms indicate a possible concussion has been sustained. A person who has been removed from a youth athletic activity because of a determined or suspected concussion or head injury, may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

“At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth Athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.”
As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athlete is involved with.

Parent Agreement:
I _________________________________ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature_________________________________________Date__________________

Athlete Agreement:
I_______________________________ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature_________________________________________Date___________________