

Information Form

**Super Charged
Summer Training Program**



Skater's Name _____

Primary Coach _____

Secondary Coach _____

Highest ISI test level passed _____

Highest USFS Moves In The Field level passed _____

Highest USFS Freestyle level passed _____

I have experience in the following: (please check all that apply to you)

Moves In The Field _____ Freestyle _____ Ice Dancing _____ Interpretive _____ Ballet _____

Jazz _____ Hip Hop _____ Power Skating Class _____ Synchro _____ Off Ice Conditioning _____

Plyometrics _____ Figures _____ On Ice Ballet _____ On Ice Edge Class _____

Will you be having a private lesson during the camp freestyle times? _____

Do you need help tying your skates? _____

Please list three skating skills you know you do VERY well: _____

Please list three skating skills you feel need work: _____

Why are you participating in the Super Charged or Summer Blast Blade Camp Program?

My primary goal for the summer is _____

Skater's Signature _____ Parent/Guardian's Signature _____