



## CORNER YOUR SPEED

*at the*

## STONE

## SHORT TRACK CAMP & ABILITY MEET

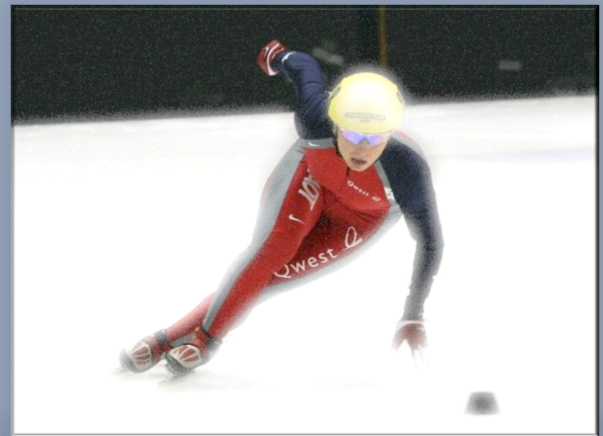
*Green Bay, WI*

**JULY 29<sup>TH</sup> – 31<sup>ST</sup>, 2011**

*Feature Coach:*

# Amy Peterson-Peck

- ✚ 5 TIME OLYMPIAN
- ✚ 1992 ALBERTVILLE  
RELAY SILVER MEDALIST
- ✚ 1994 LILLEHAMMER  
500M & RELAY BRONZE  
MEDALIST



**Come to Green Bay for some summer  
skating fun!**

*Develop the goals & skills to help you pursue your skating dreams*

*Make friends, have fun & race...*

**WHAT MORE CAN YOU ASK FOR?**

## Location & Hotel Information:

Cornerstone Community Ice Center  
1640 Fernando Drive, De Pere, WI, 54115  
[www.cornerstoneicecenter.org](http://www.cornerstoneicecenter.org) for directions  
(Do **NOT** use GPS or MapQuest)  
& Reduced rate hotel information

## Details, Basic Schedule & Format:

- ✦ This short track camp is designed for skaters of all ages and ability levels, from novice/beginner's through to advanced skaters. Skaters will be divided into appropriate level of groups based on their age, size, and seed times.
- ✦ All skaters will have at least 3 sessions of ice time, possibly more, in addition to the meet ice time, plus off-ice sessions of dryland & flexibility training, education sessions for skaters and parents, and lots of short track based fun!
- ✦ Friday & Saturday will consist of ice sessions, dryland, games, and classroom activities. Sunday is a **USSpeedskating sanctioned** ability meet, with one unique difference. Each skater will be assigned to a specific guest coach and will meet with them before and after each race to receive immediate feedback on their races. It makes the meet more of a learning experience to expand on the skills and tactics that the skaters have learned during their sessions at the camp.

Friday, July 29<sup>th</sup>, 2011

Check In: 11 a.m.

Saturday, July 30<sup>th</sup>, 2011

Camp: 12:00 p.m. (noon) until 4:30 p.m.

Sunday, July 31<sup>st</sup>, 2011

Camp: 9:00 a.m. until 4:30 p.m.

Meet Check In: 9:30 – 10:00 a.m.

Meet: 10:30 a.m. – 3:30 p.m. or finish of meet

## Camp Registration:

- ✦ Skaters **MUST** be members of USSpeedskating to skate in either the camp or the meet.
- ✦ \$110 per skater for all levels
- ✦ Skaters will be grouped into Novice/Beginning, Intermediate, & Advanced groups based on seed times and age at the discretion of the camp director
- ✦ Maximum of \$220 for families – for those families with 3 or more skaters, please add \$20 per person for 3<sup>rd</sup> & 4<sup>th</sup> members to cover lunch and t-shirt costs
- ✦ Day Charge: Skaters who are unable to attend the full camp may also attend camp at a day rate of \$30 for Friday, \$60 for Saturday
- ✦ Meet Only Registration: \$30 per skater. For those attending the camp, the meet fee is included in the camp fees.
- ✦ Late Registrations will be processed as space allows and will not be guaranteed a t-shirt.

**DEADLINE FOR REGISTRATION IS THURSDAY, JULY 14<sup>TH</sup>, 2011**

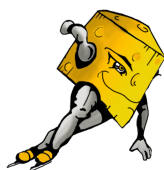
## Required Equipment

Skates, helmet, neck guard, gloves, shin guards, long sleeved shirt and long pants, workout clothes, running shoes, warm layers, sunscreen & water bottles. **We also request that skaters bring a 3 ring binder with loose-leaf paper, or a notebook, and your skater's most recent personal best race times, both long and short track, for a classroom session and autographs.**

## Mail Forms & Fees To:

Shannon Holmes  
701 Chantilly Rue  
Green Bay, WI, 54301

Camp Director Contact Info (email preferred): [shannyh@hotmail.com](mailto:shannyh@hotmail.com) OR (920) 983-6614



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AT THE STONE!**  
Short Track Camp & Ability Meet  
July 29<sup>th</sup> -31<sup>st</sup>, 2011

**DEADLINE FOR REGISTRATION IS THURSDAY, JULY 14<sup>TH</sup>, 2011**

Fill out all sections and mail to **Shannon Holmes, 701 Chantilly Rue, Green Bay, WI, 54301**

Skater's Name \_\_\_\_\_ Parent's Names: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Mailing Address \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ USS# \_\_\_\_\_ Club \_\_\_\_\_ Assoc. \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ (as of 7/1/11)

Amount Enclosed: \_\_\_\_\_ Checks payable to Cornerstone Community Center or CCC.

**SEED TIMES:**

Tiny Tots & Pee Wee's 222m \_\_\_\_\_ and/or 500m \_\_\_\_\_  
Pony 333m \_\_\_\_\_ and/or 500m \_\_\_\_\_  
Midget & Above 500m \_\_\_\_\_ and/or 1000m \_\_\_\_\_

**Seed times are mandatory-organizers are not responsible for looking up times!**

**RELEASE**

In consideration of acceptance of this application in the above program, I hereby waive, release and discharge any and all claims for damages I may have against the Cornerstone Skating Club, Wisconsin Speed Skating Association, U.S. Speed Skating, Cornerstone Community Ice Center, or their assigned personnel involved in the program, or officers and members for any and all liability arising out of or connected in any way with my participation in said program, even though liability arises out of negligence on the part of the persons or entities mentioned above, or for any claim for lost or stolen personal property of any description. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns. Further, the undersigned agrees to the Code of Conduct of U. S. Speed Skating, and will properly wear all required safety equipment.

\_\_\_\_\_  
**Applicant's signature AND Parent or guardian (if under age 18) Date Signed**

**CONSENT FOR MEDICAL TREATMENT**

I, \_\_\_\_\_, or the parent of \_\_\_\_\_, (child's name), if I cannot be contacted through reasonable efforts, hereby give permission to the staff of the Cornerstone Community Ice Center and the Cornerstone Speed Skating officers to call or drive my child to the physician, dentist, or hospital if a need for emergency treatment exists. An ambulance may be called if necessary. I do hereby authorize the treatment by a licensed medical physician, of my child in the event of a medical emergency, which in the opinion of the attending medical personnel, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

\_\_\_\_\_  
**Parent signature Date Signed**

**If under 18 and a parent is not present, authorized adult to act on their behalf.**

**CAMP T-SHIRT: T-shirts will be given to camp participants only, not to those skating only in the meet. If you are only skating the meet and wish to order one, or if a parent would like one, please include an additional \$15 with your registration fees. Please indicate which size each skater needs.**

**Youth Sizes:** Y-XSmall (2-4) \_\_\_\_\_, Y-Small (6-8) \_\_\_\_\_, Y-Medium (10-12) \_\_\_\_\_, Y-Large (14-16) \_\_\_\_\_, Y- XL (16-18) \_\_\_\_\_

**Adult Sizes:** A-Small \_\_\_\_\_, A-Medium \_\_\_\_\_, A-Large \_\_\_\_\_, A-X-Large \_\_\_\_\_