



## Timberline Basic Skills Spring Camp

Saturday March 23, 2024 - 8:30 am-1:30 pm

Greenheck Ice Rink – Registration Deadline Saturday, March 9, 2024

Skater Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

USFS# OR LTS#: \_\_\_\_\_ Home Club: \_\_\_\_\_

Highest Basic Skill Level Passed: \_\_\_\_\_

Mail completed forms along with payment of **\$70** made payable to **TFSC** to:

**Timberline Figure Skating Club, ATTN: Basic Skills Camp,  
PO Box 2082, Wausau, WI 54402.**

Classes will be conducted both on and off ice. The climbing wall will also be used for this camp! \*Attached Climbing Wall Waiver required to be completed.

Items Needed: Skates, tennis shoes, dress in layers, water bottle & yoga mat or beach towel for floor exercises.

A shirt and a goodie bag including a healthy snack will be provided.

**Please Circle Shirt Size**

Youth Small

Youth Medium

Youth Large

Youth XL

Adult Small

Adult Medium

Adult Large

Adult XL

**PARENTAL CONSENT, PHOTO RELEASE AND WAIVER OF RESPONSIBILITY**

In consideration of the acceptance of \_\_\_\_\_ as a student in the Timberline Figure Skating Club Basic Skills Camp, we, the undersigned student, parent or guardian, agree to assume the risks of participating in the program and waive all claims for any personal injury and/or loss or damage to property and hereby release the Timberline Figure Skating Club employees and agents from any liability whatsoever, which may arise as a result of participation in the Timberline Figure Skating Club Basic Skills Camp. This release shall extend to all future damages and injuries of every nature and however sustained, even if due to the negligence or alleged negligence of the Timberline Figure Skating Club Basic Skills Camp or their staff or employees. All Risks attendant to observing and/or participating in the Timberline Figure Skating Club Basic Skills Camp are hereby assumed by the student and his or her parents and/or guardian and this assumption and release are acknowledged and approved by their signature hereto.

The Timberline Figure Skating Club Basic Skills Camp reserves the right to use any pictures taken during the camp for advertising and/or instructional purposes.

I have read the foregoing, and hereby approve and consent to the terms and conditions stated. I further acknowledge being the parent or legal guardian of the signed applicant that the information given on this application is complete and accurate.

\_\_\_\_\_  
Skater's Signature (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**EMERGENCY TREATMENT RELEASE FORM**

I, \_\_\_\_\_, do hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment (Parents/Guardians are responsible for all medical expenses incurred), which in his or her judgment may be deemed necessary in the care of:

\_\_\_\_\_  
Name of Skater

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone #

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Current Medication(s)

\_\_\_\_\_  
Outstanding Medical History

\_\_\_\_\_  
Skater's Signature (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **Climbing Wall Release of liability and assumption of risk**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE DECIDING WHETHER TO SIGN.** By signing this agreement, you give up your right to bring a court action, to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Climbing Wall, now or any time in the future.

Acknowledgment of Risk - I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) have inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to, ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the Climbing Wall;
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

### **Release/Indemnification and Covenant Not to Sue**

In consideration of my use of the Climbing Wall, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The DCE School District "DCE" and Greenheck Turner Community Center "GTCC", its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of DCE and GTCC, its officers, agents, and employees. In consideration of my use of the Climbing Wall, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS DCE and GTCC, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Wall. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement DCE and GTCC is released of any and all liability for such loss, damage, or death. I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Climbing Wall. I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, and have carefully read it, of my own free will.

The UNDERSIGNED acknowledges that DCE and GTCC is an organization organized under the laws of the State of Wisconsin and nothing in this Agreement shall be construed as a waiver of charitable non-profit status and/or benefits under Wisconsin Law.

## Contract to Follow Climbing Wall Safety Policies

I accept full responsibility for my own safety and the safety of other climbers while in the climbing wall area. I agree to abide by, and to help enforce, the following climbing wall safety policies:

1. No unbelayed climbing above the bouldering line. 2. Climbers using a belayer or auto belay must be roped and belayed through a belay plate. Belays must be anchored. Roped climbers and belayers must wear harnesses. 3. Lead climbers must use adequate protection to eliminate the possibility of a ground fall at all times. 4. Inform other climbers of any situation seen as unsafe or not in accordance with Climbing Wall Safety Policies. All climbers are asked to assist and encourage less experienced climbers. 5. All accidents or equipment damage must be reported immediately.

DCE and GFH reserves the right to withdraw the membership of any individual permanently or for a specified period of time for breach of contract in following the Climbing Wall Safety Policies, or for any conduct that is viewed as unsafe or inappropriate. In consideration of the use of the Climbing Wall, I acknowledge that I have read and agree to abide by the Climbing Wall Safety Policies.

## INDIVIDUAL/PARENT/GUARDIAN (over the age of 18)

Adults Printed Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Adults Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

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## List participants under the age of 18 of the above responsible adult

1 - Participants Printed Name: \_\_\_\_\_ D.O.B \_\_\_\_\_  
(under the age of 18)

2 – Participants Printed Name: \_\_\_\_\_ D.O.B \_\_\_\_\_  
(under the age of 18)

3 – Participants Printed Name: \_\_\_\_\_ D.O.B \_\_\_\_\_  
(under the age of 18)

Participants relationship to the adult listed above: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_

(If the above adult is not the legal guardian, please list the name and phone number of the legal guardian)

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





### Private Lesson Try-Out!

Have you been interested in trying out private lessons to see if they might be right for you? Here's your opportunity! Sign up for a 20 minute time slot to work privately with a coach. The cost is \$15 which will cover both the ice cost and the coach's fee. If you are interested in continuing with private lessons, you can get more information from the coach you worked with or information is available on our website <https://www.timberlinefsc.org> under "coaches". The private lesson try-out will take place after the Basic Skills Camp on March 23, 2024 at Greenheck.

Please place a 1, 2, 3, and 4 for your preferred 20 minute time block. Spots will be assigned on a first come first serve basis.

Block 1: 1:40-2:00 \_\_\_\_\_

Block 2: 2:00-2:20 \_\_\_\_\_

Block 3: 2:20-2:40 \_\_\_\_\_

Block 4: 2:40-3:00 \_\_\_\_\_

Skater's name \_\_\_\_\_

Cash \_\_\_\_\_ Check made payable to TFSC \_\_\_\_\_

(The fees can be combined if also registering for the Basic Skills Camp)