

Dear Winners Edge Figure Skating Camp Participant:

We would like to take this opportunity to thank you for choosing Winners Edge Development Camps. We are looking forward to meeting you and helping you to reach all of the goals you have set for yourself with this camp. This year our program is filled with new and exciting skills and fun, all designed to push each athlete out of their current comfort zone, and help you attain a new level as a figure skater. Below are a few things you may wish to bring with you to make camp a better experience for you.

Registration will begin at 6pm Sunday, June 22, 2008. Skater/Parent orientation will follow at 6:45pm. At this time we will be going over camp rules, procedures, room assignments and our camp itinerary. Also we will be answering any questions you may have. Check out time will be at 5pm Wednesday, June 25th.

Attached is a Camp Packet, including a Health History/Hold Harmless form, and photo release. Please complete as soon as possible, to insure a smooth and quick registration process. It can be faxed to Scott Turnbull, Director @ 715-635-6803, or returned by mail to:

Winners Edge Development Camps

301 Walnut St
Spooner WI. 54801

If you have any further questions, you can reach Scott at the preceding numbers or Kevin at 715-635-9485.

Sincerely,

Scott Turnbull
Director
1-800-659-5885
scott@nwsportscomplex.com

Kevin Sohn
Asst. Director
715-635-9485
kevinsohn@nwsportscomplex.com

Items to Bring:

Alarm Clock
Toiletries and Shower Towel
Off-Ice Workout Clothes and Tennis Shoes
Swimsuit/Towel for pool time and waterborne classes
Clothing for On-Ice
Clothing for free time (Non-workout time, etc)
Icy Hot/Ben Gay (some form of sore muscle rub)
Sunscreen (potential for outdoor activities and/or classes weather permitting)
Water Bottle
Nutritious Snacks (Some concessions will be available for a fee)
Extra money for recreation/concessions
Sharp skates
Notepad & Pen or pencil for off-ice classes
WINNERS ATTITUDE

Winners Edge for Figure Skaters Health History (June 2008 Camp)

Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Alternate: _____

Date of Birth: _____

Emergency Contact (in case we are unable to contact parent/guardian):

Name: _____ Relation: _____ Telephone: _____

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).

(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 Diptheria (dT or DPT)Initial series completed: _____ last tetanus booster: _____

Has the participant every had, or is currently experiencing any of the following: Yes or No

Asthma ____ High Blood Pressure ____ Bleeding Disorders ____

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, Northwest Sports Complex, camp directors, staff and participants of responsibility for any injury, illness or harm that may come to the above named participant while attending and or participating in camp sponsored and/or on the premises of NW Sports Inc.

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 information is true and correct.

Medical Insurance: _____

Policy Number: _____

Physician: _____ Clinic: _____

Parent/Guardian Signature Date

Photo Release:

I _____ give Winners Edge & Northwest Sports Complex permission to use my child's _____ photo(s) in future promotional print/web flyers for Winner's Edge Figure Skating Camps.
(Childs' Name)

Parent/Guardian Signature

Date: