**2026 TOMAHAWK FIGURE SKATING FALL CAMP AND VIRTUAL TEST SESSION**

November 7 & 8 at **Sara Park** 900 W Somo Ave, Tomahawk, WI 54487

Skater: _____ Age: _____ Home Club: _____ USFS# _____

## Check all coaches you would like for lessons

| ✓ | Number of 15 min lessons requested | Name | Rate per 15-minute lesson | Coaching Abilities |
|---|---|---|---|---|
| ☐ | | Ian Lorello | $25 (Preliminary – Silver)<br>$30 (Pre-Gold-Gold)<br>$35 (International) | Dance Partner Thru International, Gold Skills, choreography |
| ☐ | | Angie Vandermissen | $20 | Gold Skills & Freestyle, Theatre on Ice and showcase, Choreography |
| ☐ | | Danielle Wolosek | $20 | Gold Skills, Gold Singles, International Dance, Gold Free Dance ***After 1pm Saturday*** |
| ☐ | | Montana Grabowsky | $18 | Gold Skills & Singles, Gold & International Dance, Gold Solo Free Dance, Choreography **Available after 4 on Saturday.** |
| ☐ | | Grace Schreiber | $17 | Gold Dance, Gold Skating Skills, Gold Singles, Choreography |
| ☐ | | Laurie Johnson - Krueger | $16 | Gold Skills & Singles, Gold Dance, Gold Pair, Jump Technician (has coached through Quad Salchow & Quad Toe) |
| ☐ | | Hiedi Walsh | $15 | Experienced figure skating coach with 27 years of coaching Gold-level Skating Skills, all Basic Skills and Freeskate Levels, Aspire, Power Skating & Special Skater programs. **Available 8-5 Saturday & 8-12 Sunday** |
| ☐ | | Micah Hoger | $10 | 27 years of skating, 14 years of coaching. Coaches through Gold Skating Skills, singles & partners through pre-silver dances. **Available after 2pm on Saturday.** |
| ☐ | | Aubrey Graeber | $10 | Silver Singles, Gold Skating Skills |
| ☐ | | Mariah Candler | $9 | 26 years of skating, 17 years of coaching. Silver skating skills, pre-bronze singles and silver dances. Level 1 skating skills accredited coach. **Available after 2pm on Saturday.** |
| ☐ | | Shyann Boos | $8 | Pre-Silver Singles, Silver Dances, Pre-Gold Moves |
| ☐ | | Madison Altman-Wendt | $6 | Silver Skating Skills, Pre-Silver Ice Dance and Pre-Bronze Singles |

***Please indicate hours you are available for lessons.***

Saturday

___ 8-9am
___ 9-10am
___ 10-11am
___ 11-12am
___ 12-1pm
___ 1-2pm
___ 2-3pm
___ 3-4pm
___ 4-5pm
___ 5-6pm
___ 6-7pm
___ 7-8pm
___ 8-9pm

Sunday

___ 8-9am
___ 9-10am
___ 10-11am
___ 11-12pm

**12-2pm Sunday reserved for test session.**

**There is limited availability for US Figure Skating Certified & Insured coaches. Please email TomahawkFSCevents@gmail.com for walk-on coaching approval before the camp begins.**

# 2026 TOMAHAWK FIGURE SKATING FALL CAMP AND VIRTUAL TEST SESSION

1. Complete your registration forms. Full payment is required at the time of registration and must be submitted by October 31, 2026.
2. Email a copy or photo of your completed registration form to **TomahawkFSCevents@gmail.com** Scheduling priority will be determined by the email timestamp of the registration received.
3. Mail your original registration form and full payment (payable to TFSC) immediately. Original forms must be received by October 31, 2026. Forms received after this date will lose their original email timestamp and will be processed based on the date received.
4. Fees are refundable (minus registration fees) for cancellations made before October 31, 2026.
5. Cancellations after October 31, 2026, are eligible for a refund only if a written doctor's excuse is provided to the club before the end of camp.
6. TFSC reserves the right to cancel registrations if all fees are not paid before the start of camp.
7. Late arrivals or early departures are not eligible for discounts or refunds.
8. Missed lessons ("no-shows") do not excuse payment obligations.

Name: _____ Email: _____ USFS # _____

Address: _____

Contact/Parent Name: _____ Contact/Parent Cell # _____

Highest Test Passed: Skills: _____ Singles: _____ Ice Dance: _____

Will you be participating in the virtual test session on Sunday, November 8th: ☐ Yes ☐ No

**TFSC Camp Fees**

| Description | Quantity | Price | Total |
|---|---|---|---|
| **Total Ice Sessions (45 min block)** | | **$20** | |
| **1 Day Pass** | | **$100** | |
| **Unlimited Ice** | | **$180** | |
| **Registration Fee (non-refundable)** | 1 | **$40** | **$40** |
| | | **TOTAL DUE IN FULL** | |

**Checks payable to:** Tomahawk Figure Skating Club (TFSC)
**Mail To:** Tomahawk Figure Skating Camp
P.O. Box 223
Tomahawk, WI 54487

**2026 TOMAHAWK FIGURE SKATING CAMP**
**PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY**

In consideration of the acceptance of _____as a skater in the Tomahawk Figure Skating Fall Camp and Virtual Test Session, we, the undersigned skater, 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 Tomahawk Figure Skating Club and its employees and agents from any liability whatsoever, which may arise as a result of participation in the Tomahawk Figure Skating 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 Tomahawk Figure Skating Club, or facility staff or employees. All risks attendant to observing and/or participating in the Tomahawk Figure Skating Camp are hereby assumed by the skater and his or her parents and/or guardian and this assumption and release are acknowledged and approved by their signature hereto.

The Tomahawk Figure Skating Club reserves the right to terminate the stay of any skater, without refund, when it is deemed to be in the best interest of either the skater or the Camp. The Tomahawk Figure Skating Camp reserves the right to use any pictures taken during the camp for advertising and/or instructional purposes.

I have read the foregoing, explained its meaning to my child or ward, and hereby do 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 Date Parent/Guardian Signature Date

**EMERGENCY TREATMENT RELEASE FORM**

I, _____, 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/Medicines currently taking

_____
Outstanding medical history

_____
Insurance Company Policy Number Name of subscriber

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