

# Crested Butte South

*A Great Place to Live!*



## CB South Ice Skating Clinics

Thursdays, January 5 thru February 9, 2016

**\$80 for 6 week session with Gunnison Figure Skating Instructor Jessica Foutch**

- Beginners** -Thursdays 4:15 - 4:45 - This class is for ages 3-7 and beginners. Students work on falling, marching, gliding, and moving forward and backward. Each child must wear gloves and a helmet for protection. Students will also learn forward stroking, forward crossovers in both directions, and a simple stop.
  
- Level II** - Thursdays 4:45 - 5:15 - Students who pass all the Alpha skills now work on backward stroking and backward crossovers in both directions, plus a T-stop with each foot. Students begin to work on two different kinds of turns (forward outside edge 3-turns and inside Mohawks), as well as a hockey stop. Students progressing quickly will work on inside edge 3-turns, forward edges, bunny hops, lunges, and shoot-the-ducks.

**General Information:** Helmets and gloves are required. Please come with sharp skates. Please stop by CB South P.O.A. Office or go to: [www.cbsouth.net](http://www.cbsouth.net) for a registration form, waiver. All fees must be paid prior to start. If you have any questions or want to contact us please email us at [info@cbsouth.net](mailto:info@cbsouth.net) or call 349-1162.

Participant's Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Participant's Age \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

### Crested Butte South P.O.A Parks and Recreation Disclaimer Statement (Please read carefully)

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Crested Butte South P.O.A., its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Crested Butte South P.O.A. Parks & Recreation.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Parent Signature (if under 18)*

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Crested Butte South P.O.A. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the P.O.A. for flyers, presentations etc.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Parent Signature (if under 18)*

#### Crested Butte South Property Owners Association, Inc.

61 Teocalli Road  
Crested Butte, Colorado 81224

Phone: (970) 349-1162  
Fax: (970) 349-1163  
Email: [info@cbsouth.net](mailto:info@cbsouth.net)  
Website: [www.cbsouth.net](http://www.cbsouth.net)

#### Office Use Only

Amt. Paid \_\_\_\_\_ Date \_\_\_\_\_

Check No. \_\_\_\_\_  Cash  Other \_\_\_\_\_