Rhinelander Figure Skating Club Mini Camp & USFS Test Session

Private Lessons and Partner Practices

Sponsored by the Rhinelander Figure Skating Club

September 11 - 13, 2026

A Perfect Opportunity for Testing and Competition Preparation

Montana Grabowsky $18	**Grace Schreiber (Hoger) $16**	**Lainie Kuckkahn $12**
Micah Hoger $10	**Mariah Candler $8**	**Helen Fearnley $25**
Danielle Wolosek $20	**Meredith McCormack $9**	**Jake Fearnley $25***
Aubrey Graeber $7.50	**Kourtney (Hyland) Rowe $18**	

Guest instructors bringing students are welcome. Guest instructors must be insured and USFS registered.

**Rate range $25-$35 depending on level partnered or instructed. Rates are for 15 minute lessons.*

Available practice ice and lesson times: (Some coaches are not available for ALL times)
Friday: 8am – 9:00pm Private Lessons/Practice
Saturday: 8am – 9:00pm Private Lessons/ Practice
Sunday: 8am- 12:00pm Private Lessons/ Test Session to follow

Weekend Pass…….Unlimited Friday/Saturday/Sunday sessions……. $200
1-Day Pass……Unlimited Friday OR Saturday sessions…….$100
1/2-Day Pass……Unlimited Friday OR Saturday sessions (8am-3pm/2pm-9pm) …… $70
Single Session……..…….. $20 per hour
Non-Refundable Administration/Coach Travel Expense Fee per skater……..……..$40

Skater: _____Home Club: _____USFS#_____
Address: _____City: _____ST: ___ Zip:_____
Cell Phone:_____ Email:_____
Current USFS Test Level: _____Skating Skills _____Dance _____Singles
_____ I will be working on competition programs

Lesson Requests: Please give us an idea of your desired lesson days and approximate time(s) you would like to skate. We will do our best to schedule your lessons and practice ice accordingly. (Please, feel free to list requests on back of paper)

Please Circle

___Friday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am afternoon pm
___Friday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am afternoon pm
___Friday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am afternoon pm
___Saturday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am afternoon pm
___Saturday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am afternoon pm
___Saturday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am afternoon pm
___Sunday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am
___Sunday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am
___Sunday ___(# of 15 min) Lessons _____Pro Please schedule lessons : am

******Please schedule my lessons in 15 min 30 min _min blocks. Please allow mins for breaks between lessons.******

If _____ is not available, my 2nd choice is _____ . If _____ is not available, my 2nd choice is _____.

Skater: _____ USFS#_____

Registrations are due as soon as possible. Lessons are scheduled in the order received.

Make Checks Payable To:
Rhinelander Ice Association (RIA)

Mail To: Nicole Mcgeshick
5152 River Road
Rhinelander, WI 54501

Non-Refundable Registration Fee: $40 per skater $ __40__
Ice Fee: $_____

- $20 per hour X ____hrs
- Unlimited Weekend Pass $200
- Unlimited Day Pass __Fri __Sat $100
- Unlimited ½ Day ___Fri AM ___Fri PM $70
- Unlimited ½ Day ___Sat AM ___Sat PM $70

Total Enclosed: Check #_____ $_____

For further information, please contact: RFSCCamp@gmail.com
Gina Gignac 775-240-9790-cell or Nicole McGeshick 715-360-0507-cell

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the acceptance of_____as a student in the RFSC minicamp, 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 Rhinelander Figure Skating Club employees and agents from any liability whatsoever, which may arise as a result of participation in the Rhinelander Figure Skating Club minicamp. 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 Rhinelander Figure Skating Club or their staff or employees. All risks attendant to observing and/or participating in the Rhinelander Figure Skating Club minicamp 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 Rhinelander Figure Skating Club reserves the right to terminate the stay of any student, without refund, when it is deemed to be in the best interest of either the student or the Rhinelander Figure Skating Club.

The Rhinelander Figure Skating Club reserves the right to use any pictures taken during the school 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