

OFF ICE TRAINING FOR FIGURE SKATERS

UNDER THE DIRECTION OF RACHEL RICCA

5, 10 and 20 session packages available

Drop in fee per 45 minute class is \$20.00

(make check payable to Rachel Ricca)

- Class schedule varies week to week; contact Rachel for monthly itinerary.
- Focus will be on a variety of exercises and drills to improve functional strength, balance, flexibility and cardio endurance of skaters for on and off ice activity. This focus will also help to prevent injury.
- Class will include agility training, plyometric, core strengthening and cardio training. There will also be focus on jump height and rotation with attention to in air position, take-off and landing technique.
- We are looking to enhance and help skaters handle the strength demands of jumping, spinning and completing longer programs as well as enhancement of overall skating skills and technique.
- Individual sport specific training plans will be provided after the first few sessions are completed.

**Please bring the following to class *Sneakers*Yoga Mat*Spinner*Stretch Band*
Optional* Jump Rope* Gliding Discs*Loop Resistance Bands***

For more information, contact Rachel Ricca at MilfordIceRachel@gmail.com



MILFORD ICE REGISTRATION & WAIVER

NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT & PHONE: _____

ANY LIMITATIONS OR MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: _____

PARENT NAME(S): _____

EMAIL ADDRESS: _____

MILFORD ICE ARENA RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MINORS TEMPORARILY SEPARATED FROM PARENTS OR GUARDIANS

I, _____, wish to skate and/or have my child, _____ skate on ice made available for purchase by MILFORD ICE, LLC. In consideration of the acceptance of this registration, I understand that by signing this form, I give up the right to sue MILFORD ICE, LLC or its shareholders for any claim including, but not limited to negligence for injuries or loss of property, which might occur to skating and/or non-skating participants during normal activities, inside or outside of the MILFORD ICE, LLC. facility.

I understand that ice skating is a hazardous recreational activity and that I assume the risk of any injury, which may occur to me as a result of my participation in ice skating, both on and off the ice surface(s).

I, the undersigned parent or legal guardian, hereby appoint in advance of any specific need for treatment and care, any MILFORD ICE, LLC official, who are of lawful age, for the purpose of authorizing and consenting to hospital emergency care and/or medical care or treatment, but not including elective treatment of the above named minor for any illness and/or injury incurred while I am away from MILFORD ICE, LLC, or otherwise unable to give such consent. I understand that I am responsible for any and all costs and expenses for emergency care and/or medical care or treatment rendered to the above-named minor and that I will be billed for these services directly by the doctor and/or hospital. This authorization shall remain in force for one year following enrollment, or until personally revoked in writing by the undersigned.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree that this release will remain in effect indefinitely with my continued participation at the MILFORD ICE, LLC arena. I grant permission to use photographs, videos and / or images of myself and / or my child in advertising and promotional materials for the MILFORD ICE arena.

I understand that I am also signing a binding contract for the purchase of subscription ice time.

By Checking this box, I acknowledge and agree to all of the terms and conditions as specified above and also on the accompanying informational flyer.

Signature of Parent/Skater: _____

Print Name: _____

Date: _____