



Off - Ice Training



Off-Ice Training is a class specifically designed for figure skaters. Figure skaters must have strong core strength to complete difficult jumps and spins. Our classes will help to develop muscle strength, balance, and flexibility. Jumps and spins that are taught on ice, will be worked on during off-ice class, giving skaters a comfort level while challenging them. Working on jumps and spins off-ice results in a faster transition to the ice than on-ice training alone.

Class Sessions:

Tuesdays – 5:45pm – 6:15pm; April 16th – June 18th

Cost:

\$250 - 10-week program, meeting 1 day per week (minimum 3 skaters per class); Coach instruction and room fee included.

Bring to Class:

- supportive sneakers
- a mat or towel
- jump rope
- water bottle
- spinner

Please contact Karen Cohen-Prosnitz for more information

karenc@icevault.com

973-628-1500 ext. 123

****There are no refunds, cancellations or make-ups****



Director's Junior Team Off-Ice Registration Form

Skater Information

Name _____ Age _____ D.O.B. ___/___/___

Address _____

City/State/Zip _____

E-mail _____ @ _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Emergency contact Name and Phone: _____ (____) _____

Highest Skating Level Passed _____

Class dates: Tuesdays – 4/16, 23, 30; 5/7, 14, 21, 28; 6/4, 11, 18

\$250 - 10-week program, meeting 1 day per week; room fee included.

Payment method is cash or check only. Credit cards will not be accepted. Payments must be received prior to the first class date.

Checks should be made to: Karen Cohen-Prosnitz.

NO REFUNDS OR MAKEUPS

WAIVER RELEASE

It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her son/daughter, or ward, a minor on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Signature _____ Date _____/_____/_____

10 Nevins Road • Wayne, NJ 07470 • Phone (973) 628-1500 • www.icevault.com