



ASPIRE

Summer Skating

Camp



**Fully Supervised by
Professional Staff.**

June 18, 2024 to August 8, 2024

8 Weeks of Training Available

Camp meets on Tuesdays and Thursdays

Full Information packet available at www.niles-parks.org

Registration Opens May 7, 2024 for residents and Team IceLand Members. Open registration on May 20, 2024. No Camp 7/4/24.

**Aspire Cohort—A—Passed FS 4/
Freeskate 4 and Up**

Must be landing at least Loops, Flips, and Lutz's consistently.

**Must have permission from the skating director.*

8am—8:10am Check in

8:10am-8:30am Group Warm-up

8:40am—9:40am Freestyle Session

9:50am—10:50am Off Ice Class 1

11am—11:50pm Lunch

12pm-1pm—On Ice Class 2

1:10pm-2:10pm Off Ice Classes

2:20pm-3pm—Video Review/Classroom

3pm—End of Day

**Aspire Cohort—B—
Passed ISI Alpha/LTS USA Basic
4 through FS 3/Freeskate 3**

9:30am—Check in

9:50am—10:50am Off Ice Class

11am-12pm—Freestyle Session

12pm— 12:50pm—Lunch

1:10pm—2:10pm On Ice Class

2:20pm—3pm Video Review/Class Room

3pm—End of Day

Aspire to exceptional Character Development!

Aspire to work harder each day!

Aspire to set, plan, and reach goals!

Aspire to do small things each day to be a better skater and person!

Aspire to encourage and motivate fellow skaters!



Schedule and activities subject to change.

Levels subject to adjustment based on enrollment.

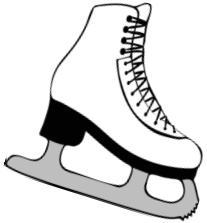
June 18, 2024 to August 8, 2024

8 Weeks of Training Available

Camp meets on Tuesday and Thursday



Registration Opens May 7, 2024 for Niles residents and Team IceLand Members. Open registration on May 20, 2024. No Camp 7/4/24.



Included Sessions

- Group warm-up each day
- 1 HR Freestyle each day for campers only.
- 1 Power Class per week.
- 1 Ballet Class per week.
- 1 Conditioning Class per week.
- Jump Class
- Spin Class
- On Ice Specialty Classes could include edge class, ice dance techniques, interpretive skating, composition, and figures.
- Video Review/Skating History/Important Skating Information—Classroom format.
- Cohort A has an additional off ice class per week.

Additionally, an important part of camp will include character development and emphasis on:

A—Attitude

S—Sportsmanship

P—Perseverance

I—Integrity

R—Respect

E—Effort

As well as other important character traits.

**Fully Supervised by
Professional Staff.**

Schedule and activities subject to change.

Levels subject to adjustment based on enrollment.

Camper Minimum per cohort: 8

Max. 25 per Cohort



Registration Opens May 7, 2024 for residents and Team IceLand Members. Open registration on May 20, 2024. No Camp 7/4/24.



Fees

4(8 days), 6(12 days), and 8(15 days) week packages are available.

- \$300.00 non-refundable deposit due at the time of registration.
- Additional weekly payments will be taken on the Monday before the week of attendance. Credit card must be kept on file.
- Before and after care available for an additional fee. Pre-registration required. Fee per day below:
 - Before Care 7am-9:30am Res. \$12.50 Non. Res. \$16.25
 - After Care 3pm-6pm Res. \$15.00 Non. Res. \$19.50

Aspire Cohort A—Freestyle 4/Freeskate 4 and Up

Resident Fee:	Team IceLand Gold:	Non-Resident:
4 Weeks: \$670.00	4 Weeks: \$680.00	4 Weeks: \$752.00
6 Weeks: \$876.00	6 Weeks: \$886.00	6 Weeks: \$1000.00
8 Weeks: \$990.00	8 Weeks: \$ 1000.00	8 Weeks: \$1160.00

Aspire Cohort B—Passed ISI Alpha/LTS USA Basic 4 through Freestyle 3/Freeskate 3

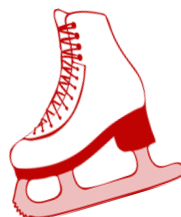
Resident Fee:	Team IceLand Gold:	Non-Resident:
4 Weeks: \$515.00	4 Weeks: \$525.00	4 Weeks: \$567.00
6 Weeks: \$670.00	6 Weeks: \$680.00	6 Weeks: \$721.00
8 Weeks: \$732.00	8 Weeks: \$742.00	8 Weeks: \$798.00

Additional programming and freestyle sessions will be available for purchase on Mondays, Wednesdays, Fridays, and Saturdays to complete your skater’s training program.

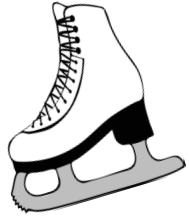


Schedule and activities subject to change.

Levels subject to adjustment based on enrollment.



What your skater will need for camp/ training:



- OPEN TOED SHOES ARE NOT ALLOWED AT ICELAND EVER.
- Lunch & Snack—Skaters should pack a lunch each day. There is no guarantee the concession stand will be open.
- Water Bottle
- Skates
- Proper skating attire for Ice Skating. (No Jeans or Shorts allowed on the ice.)
- Extra Jacket
- Well-constructed gym shoes that tie, for outside activities, no sandals. Cross training shoes are suggested. Flat shoes with no support will cause injuries.
- Socks
- Exercise mat
- 2 Yoga Blocks
- Small towel
- Jump rope (Plastic, workout type jump rope)
- Skate Spinner for off ice class.
- Skating program music for practice time. (If the skater has a program)
- Snacks and Drinks
- Sunscreen for activities outside.
- Special items for theme days. Information to come.
- Ballet Slippers
- Jazz Shoes (optional)
- Skaters may bring cell phones with them. These must remain in their bags for the duration of camp. If there is an emergency please call the rink directly at 847-297-8010.

***Any skater without proper shoes or skating attire will not be allowed to participate in activities for their safety.**

Schedule and activities subject to change.
Levels subject to adjustment based on enrollment.





2024 ASPIRE Camp Program Registration Form



Primary Household Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Program Code	Sec.	Program Title	Weeks	Fee	Registrant's First & Last Name	Age	Birth Date
333221		ASPIRE CAMP		\$			
				\$	Total Fees		

All Registration must be sent by e-mail to:

Aforbes@niles-parks.org

IceLand Ice Arena

8435 W. Ballard Road

Niles, IL 60714

Credit Card Information

Name: _____ Exp. Date: ____/____

Signature: _____ Amt.: \$_____

Card Number: _____ - _____ - _____ - _____

ASPIRE Summer Camp Session: 6/18 to 8/8.

- Registration Begins May 7, 2024. No camp 7/4/24.
- \$300.00 Non-Refundable deposit due at time of registration.
- Additional weekly payments will be processed on the Monday before the week of attendance. Credit card must be kept on file.
- Skaters must participate in 4(8 days), 6(12 days), or 8(15 days) weeks of camp.
- 10% Discount for second child registered from immediate family for the same weeks in the ASPIRE Camp.
- Skaters must choose their weeks at the time of registration.
- No refunds or make-ups for missed days or weeks.

ASPIRE A Cohort—FS 4 and Up

4 Week Cohort A—Code# 333221—01

6 Week Cohort A—Code# 333221-02

8 Week Cohort A—Code# 333221-03

ASPIRE B Cohort—Alpha through FS 3

4 Week Cohort B—Code# 333221-04

6 Week Cohort B—Code# 333221-05

8 Week Cohort B—Code# 333221-06

Please circle the weeks which your child will be attending camp.

	Tues/Thurs
Week 1	6/18 & 6/20
Week 2	6/25 and 6/27
Week 3	7/2
Week 4	7/9 & 7/11
Week 5	7/16 & 7/18
Week 6	7/23 & 7/25
Week 7	7/30 & 8/1
Week 8	8/6 and 8/8



2024 ASPIRE Camp Program Waiver



ICE-SKATING PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Niles Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Niles park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for ice-skating activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice- skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Niles Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver.

**NO REFUNDS issued after start of session. NO Refunds for camp deposit. NO MAKE-UPS for missed classes.
No camp 7/4/23.**

Signature: _____ Date: _____ Staff Initials: _____



ASPIRE Camp Information Sheet



Child's Name: _____

Phone: _____

Address: _____

City: _____

Child's Birthdate: _____

Sex: Male or Female (*Circle One*)

Mother's Name: _____ Phones: _____

Father's Name: _____ Phones: _____

Emergency Contact: _____ Phones: _____

List the names, relationship and phone number of any persons authorized to pick your child up from camp as well as take responsibility if neither parent can be reached when needed.

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Medical Consent Form

I _____ Parent/Guardian of _____

Age _____, do hereby give my permission and/or consent to the personnel of the Niles Park District Iceland staff to secure and authorize such emergency medical care and/or treatment as my child (*above named*) might require while under the supervision of said Iceland staff personnel. I also agree to pay all costs and fees contingent on any medical treatment of my child as secured or authorized under this consent.

Walks & Excursions

Camper has permission to take walks or excursions to points of interest under proper supervision of Iceland staff personnel; this also includes permission for my child to ride in a Niles Park District vehicle needed for such excursions.

Swim Permission

Camper listed above under counselor supervision has my permission to participate in open swimming and aquatic related activities.

Broom Ball Permission

Camper has permission to participate in Broom Ball under Niles Park District Iceland staff supervision. Broom Ball is played on the ice. Gym shoes and helmets are required to participate in broom ball.

Camper Public Release Form

Camper may be included in any pictures taken and they may be used to interpret the Iceland programs through the press and other media. Any such photography will be done under the direct supervision of the Iceland staff.

I understand that IceLand summer camps hours are from 900 am-400 pm. I agree to pay the fees associated with before and after care for any child dropped off early or picked up late. IceLand will not be open before 700 am for early drop off and will be closed at 600 pm for after care.

Let's Get Acquainted.



1. Does your child have allergies? YES NO

1. Does your child require medication during program hours? YES NO

(If "Yes", Medication Dispensing Information Form must be completed.)

1. Please list anything else you would like us to know about your child?

4. Rate your child's present swimming ability. Please circle your choice

0	1	2	3	4
No Experience				Excellent Swimmer

5. Does your child need any accommodations in accordance with the American Disabilities Act to participate in our camp? YES NO

6. List your child's skating level, Blade Camp or hockey level, ALL Star hockey camp.

ASPIRE CAMP—Information Form

Skater's Name _____



Primary Coach _____

Secondary Coach _____

Highest ISI test level passed _____



Highest USFS Moves In The Field level passed _____

Highest USFS Freestyle level passed _____

I have experience in the following: (please check all that apply to you)

Moves In The Field _____ Freestyle _____ Ice Dancing _____ Interpretive _____



Ballet _____

Jazz _____ Hip Hop _____ Power Skating Class _____ Synchro _____
Off Ice Conditioning _____

Plyometrics _____ Figures _____ On Ice Ballet _____ On Ice Edge Class _____

Will you be having a private lesson during the camp freestyle times?



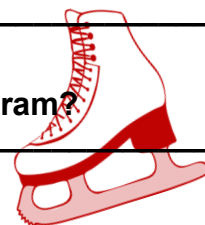
Do you need help tying your skates?

Please list three skating skills you know you do VERY well: _____



Please list three skating skills you feel need work: _____

Why are you participating in the Super Charged or Summer Blast Blade Camp Program?



My primary goal for the summer is _____.

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