

# CORNER YOUR SPEED

*At the*

## STONE!

Short Track Super Camp

& Ability Meet 2010

JUNE 11-13<sup>TH</sup>, 2010

*Green Bay, WI*



*Featuring:*

### AMY PETERSON

5 time Olympian, 1992 Albertville Relay Silver Medalist, 1994 Lillehammer 500m & Relay Bronze Medalist

### CHRIS WEAVER

1999 North American Champion and USSpeedskating coach

### J.P. KEPKA

2006 Torino Olympic Relay Bronze Medalist

### CAROLINE HALLISEY-KEPKA

3 time Olympian – 1998 Nagano, 2002 Salt Lake & 2006 Torino Olympic Games

*& Many Great Local Coaches*

# COME TO GREEN BAY!

*Get inspired!*

*Refine your technique with the best possible coaching!*

*Meet new friends, have fun, and race!*

**LOCATION:** All ice time and off ice events will be held at  
**Cornerstone Community Ice Center**  
**1640 Fernando Drive, Green Bay, 54115**

**FORMAT:** Camp is designed for Novice/Beginning, Intermediate & Advanced skaters of all ages. The camp will consist of 5 sessions of ice time, dryland & flexibility training, education sessions for skaters & parents, and lots of short track based fun! Camp begins at 9 a.m. on Friday (Registration from 8-8:45 a.m.), and will finish early Sunday afternoon. The ability meet will be held on Saturday afternoon.

## CAMP REGISTRATION:

- **\$100** for Novice/Beginning skaters
- **\$110** for Intermediate skaters
- **\$120** for Advanced skaters
- **\$100 deposit due with mailed in registration form.** Skaters will be grouped into Novice/Intermediate & Advanced groups based on seed times. Remainder of fee, where needed, will be due upon check in on Friday morning.
- **Family Discount:** Maximum of **\$240** per family (over 3 family members, please add \$20 per person, for 3<sup>rd</sup> and 4<sup>th</sup> family members etc. to cover the cost of lunches and t-shirts – thank you!)
- **Day Charge:** Skaters who are unable to attend the full camp may also attend camp at a day rate of **\$60/day**. No charge for coaches who are assisting at the camp.
- **Meet Only Registration:** **\$25 per skater**. For those attending the camp, the meet is included in the camp registration fees.

**DEADLINE FOR REGISTRATION IS WEDNESDAY, JUNE 2<sup>ND</sup>, 2010.**







Late registrations will be processed as space allows and will not be guaranteed a t-shirt.

**REQUIRED EQUIPMENT:** Skates, helmet, neck guard, gloves, shin guards, long sleeved shirt and long pants, workout clothes, running shoes, warm layers, sunscreen & water bottles.

## MAIL FORMS & FEES TO:

**Shannon Holmes**  
**701 Chantilly Rue**  
**Green Bay, WI 54301**

**DIRECTIONS:** Please do not use a GPS or Mapquest to locate the rink. They both will misdirect you. Please follow the directions below, coming North on Hwy #41. If you require directions from another route, please call Shannon at (920)983-6614 or email at [shannyh@hotmail.com](mailto:shannyh@hotmail.com).

-  From US 41, exit on Main Ave (DePere Exit).
-  Go west on Main Ave approximately 3 miles.
-  Cross Packerland Dr.
-  Drive about 1/4 mile where Main Ave. will dead end.
-  Go left at the Dead end onto Layden Drive.
-  Cornerstone is the green and cinderblock building on the right hand side of the road.

## **HOTEL INFORMATION:**

Mention "Cornerstone" to get reduced rate.

### **Days Inn Lambeau Field**

920-498-8088 or 800-585-1383  
[www.daysinn.com](http://www.daysinn.com)  
1978 Holmgren Way, Green Bay

### **Tundra Lodge and Water Park**

920-491-5760,  
[www.tundralodge.com](http://www.tundralodge.com)  
865 Lombardi Ave. Green Bay

### **Microtel Inns & Suites**

920-338-9000  
[www.greenbaymicrotel.com](http://www.greenbaymicrotel.com)  
3031 Allied Dr., Green Bay,  
54304

### **Country Inn & Suites**

920-336-6600  
[www.countryinns.com/greenbay/wi\\_south](http://www.countryinns.com/greenbay/wi_south)  
2985 Allied Street, Green Bay

### **Radisson Hotel & Conference Center**

920-405-6438  
2040 Airport Drive, Green Bay

### **Hilton Garden Inn**

920-405-0400  
[www.hiltongardeninn.com](http://www.hiltongardeninn.com)  
1015 Lombardi Ave., Green Bay

**Green Bay Short Track Super Camp & Ability Meet**

**June 11-13<sup>TH</sup>, 2010**

**Deadline: Wednesday, June 2<sup>nd</sup>, 2010**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Club \_\_\_\_\_ Assoc. \_\_\_\_\_ USS # \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ (as of 7/1/09) e-mail: \_\_\_\_\_

Years of speed skating experience: \_\_\_\_\_

**Seed Times:**

222m \_\_\_\_\_ and/or 500m \_\_\_\_\_

**Registration MUST include a seed time to help establish groupings...thank you!**

Amount Enclosed: \_\_\_\_\_ Checks payable to **Cornerstone Community Center**

**RELEASE FORM**

In consideration of acceptance of this application in the above program, I hereby waive, release and discharge any and all claims for damages I may have against the Cornerstone Skating Club, Wisconsin Speed Skating Association, U.S. Speed Skating, Cornerstone Community Ice Center, or their assigned personnel involved in the program, or officers and members for any and all liability arising out of or connected in any way with my participation in said program, even though liability arises out of negligence on the part of the persons or entities mentioned above, or for any claim for lost or stolen personal property of any description. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns. Further, the undersigned agrees to the Code of Conduct of U. S. Speed Skating, and will properly wear all required safety equipment.

\_\_\_\_\_  
Applicant's signature AND Parent or guardian (if under 18) Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (If Under 18)**

I, the parent of \_\_\_\_\_, (child's name) if I cannot be contacted through reasonable efforts, hereby give permission to the staff of the Cornerstone Community Ice Center and the Cornerstone Speed Skating officers to call or drive my child to the physician, dentist, or hospital if a need for emergency treatment exists. An ambulance may be called if necessary. I do hereby authorize the treatment by a licensed medical physician, of my child in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date Signed)

If under 18 and a parent is not present, authorized adult to act on their behalf.

**CAMP T-SHIRT SIZING: Please indicate which size each skater would like.**

**Youth Sizes:** Y-Small (6-8) \_\_\_\_\_, Y-Medium (10-12) \_\_\_\_\_, Y-Large (14-16) \_\_\_\_\_  
Y- XL (16-18) \_\_\_\_\_

**Adult Sizes:** A Small \_\_\_\_\_, A Medium \_\_\_\_\_, A Large \_\_\_\_\_,

A X- Large \_\_\_\_\_

Extra t-shirts are available for \$10 each, if ordered with registration. Please indicate numbers in spaces above.