



www.sqsaparade.com

Fall 2010 Freestyle Classes Levels Freestyle 1 - 5 10 week session begins 10/2/10 Parade Ice Garden

All classes will be held on Saturdays from 11:15am – 11:45am
Class dates: 10/2, 10/9, 10/16, 10/23, 10/30, 11/6, 11/13, 11/20,
12/4, 12/11 * No class on 11/27

Class Descriptions:

Freestyle 1: Backward edges, forward spiral, 2 ft spin, forward pivot, waltz jump, half flip.

Freestyle 2: Forward edge spirals, dance step, 1 ft spin, half toe walley, half lutz, ballet jump.

Freestyle 3: Backward spiral, dance step, change ft spin, backward pivot, salchow, toe loop.

Freestyle 4: Backward edge spirals, dance step, sit spin, 1/2 loop, loop, flip.

Freestyle 5: Dance step, back scratch spin, camel spin, combination spin, lutz, axel.

IMPORTANT

- Skaters are encouraged to also sign up for contract ice sessions for additional practice
- Classes are filled on a first come, first serve basis
- No refunds, unless class is cancelled due to low enrollment
- Testing is not offered through these freestyle classes. Tests must be taken at the skaters home rink, or at SQSA Parade scheduled test sessions (see director for further explanation)

**ALL Fall Freestyle will be held in the south rink, PARADE ICE GARDEN, 600 KENWOOD PARKWAY, MINNEAPOLIS MN 55403
(JUST WEST OF THE MPLS SCULPTURE GARDEN AND WALKER ART CENTER)**

I HAVE SIGNED UP FOR Freestyle _____ class on Saturdays at 11:15am

Keep this half for your records.
Please refer to the above list for days in which classes are held.
Check www.sqsaparade.com for updates.

Return THIS HALF with payment. Keep the other half for your records.

Class Level	Day/Time offered	Cost for 10 wk session	Check to sign up
Freestyle 1, 2, 3, 4, 5 (circle one)	Saturday 11:15 – 11:45am	\$130.00	

Complete this form and return with payment in full. Make checks out to SQSA. Please keep the remainder of the registration material for your records and for confirmed dates & classes. Thank You.

Skater's Name: _____ Age: _____

Parent(s)/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (Cell) _____

Email Address: _____

I skate in this class at my own risk and hereby release ISI, the host facility and their officers, directors, instructors, and personnel from all liability. I declare that the information above is true.

Signed: _____ (parent/guardian) Date: _____

Send this form and full payment to:

SQSA's Skating School

Care Of: Raleigh Weld

Parade Ice Garden

600 Kenwood Parkway

Minneapolis, Minnesota 55403

Email: rweld@sqsaparade.com

Phone: 612-370-4846 ext 3