



**Figure Skating Club of Lake Placid**

**Presents**

# **Figure skating Clinics**

**September 3<sup>rd</sup> 2011**

Featuring

**Oleg Makarov**

**And**

**Larisa Selezneva**

Bronze medalists in 1984 Olympic Games



Please mail completed application with a  
check or money order made payable to SCLP:

The Skating Club of Lake Placid  
PO Box 528  
Lake Placid, NY 12946  
[www.skatingcluboflakeplacid.org](http://www.skatingcluboflakeplacid.org)

Member of



**Hosted by the Skating Club of Lake Placid**

**in cooperation with the New York State**

**Olympic Regional Development Authority**

## The Clinic will feature:

Oleg Makarov and Larisa Selezneva

Oleg Makarov and Larisa Selezneva are international champions in pairs figure skating, including:

- Bronze medalists in 1984 Olympic Games
- two times Junior World champions –
- Seven times Soviet National champions

Well known for bringing the highest caliber of training, experience and education, along with dedication and warmth, to their figure skating program

## Clinics

**The clinic will feature on-ice training, off-ice and Ballet. The Clinic is open to all level skaters. Skaters will group appropriately**

## Location:

**Olympic center**  
**2634 Main St.**  
**Lake Placid, NY 12946**

Saturday, September 3<sup>rd</sup>

9h00 am to 1h00 pm

### Includes

- On-ice training
- Jumps, spin and stroking
- Off-ice
- Ballet and stretching

### Cost of the clinics:

- Basic skill through no test 25\$
- Pre-preliminary and above:
- FSC member of Lake Placid : \$55
- Affiliate member: \$65.00
- Others: \$75

For more informations:

For the basic skills skaters

Mary Catherine Spinelli:  
[spinellimc@hotmail.com](mailto:spinellimc@hotmail.com)

Others level

Marie-Vicky Prince: [mvprince@live.com](mailto:mvprince@live.com)

## Registrations

Figure skating Club of Lake Placid CLINIC September 3<sup>rd</sup>  
2011 SESSION REGISTRATION FORM

### COST:

- Basic skill and freestyle 1-3: \$25.00
- FSC of lake placid Member: \$55.00
- Affiliate Member: \$65.00
- Others: \$75.00

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Coach(optional): \_\_\_\_\_

Highest Badge Level

Passed: \_\_\_\_\_

Freestyle

Level: \_\_\_\_\_

Move and the field

level: \_\_\_\_\_

## Waiver:

Assumption of Risk Agreement and Release: Upon entering events sponsored by SCLP and/or agents or affiliates, I/We agree to abide by the Rules of SCLP. I/We understand that participation in the sport constitutes a risk of serious injury or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release SCLP event organizers and skating professionals from any liability therefore

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signature

Date