

Individual Skating Information Form For Computer/Video Analysis Services  
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**This form must be filled out for each skater. It will be kept on file for future reference.**

- ➡ Sessions can generally be booked in 15 minute increments. However due to setup and teardown time, a minimum of one hour booking is required in order to avoid additional charges. This can be split among multiple skaters and coaches.
- ➡ Travel within 15 miles of Lisle will be at no additional charge. Further travel including overnight travel will require charges for travel costs and other expenses.
- ➡ A CD or DVD of the session is included in some prices. It can often be available within in a short time after the session. If there is a large demand it will be mailed, usually in a day, to the skater or parents of the skater (if under 18).
- ➡ Multiple hour sessions are based on one hour charges except for day sessions. Special pricing can be arranged.
- ➡ Per skater competition or show practice session charges can be based on the number of skaters divided into the session time charge at a minimum of one hour. CD or DVD charges will be separate in this case.
- ➡ Six or eight hour day sessions must be paid for in advance. A minimum of one weeks notice is requested to reserve time. There is a \$50.00 charge for cancellation with less than one week's notice.

**Skater's Information:**

Skaters over 18 should fill in the full information here. Skaters under 18 should enter their name here and can use their parents/guardian contact info.

Skater's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Skaters' Age (under 18): \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Circle One: Parent / Guardian / Additional Contact:**

Enter the Parent/Guardian's information here for skaters under 18 yrs. old. Enter additional contact information, if desired, for skaters over 18 yrs. old.

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Coaches Information:**

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**This section must be signed for each skater.**

I hereby consent to any recording of my son/daughter/ward or myself on videotape, film, audio tape, paper, digital medium, or otherwise, by Joe Kaplenk or an agent of his company, Flying Camel Productions, Inc.. I authorize the use of such recordings for any proper and legitimate educational or athletic training by Joe Kaplenk or his corporation, Flying Camel Productions, Inc.. I acknowledge the ownership of the video, computer data and any byproducts of the authorized session by Joe Kaplenk and Flying Camel Productions, Inc. I warrant and represent that all material furnished by me is my own or for which I have full authority for such purposes.

Signature of skater's parent or guardian(if under 18) or skater (18 and over) \_\_\_\_\_