



# Special Needs

# Learn To Skate Program

Welcome to the Skate Company Skating Club's Special Needs Skating Program. This Learn-to-Skate program is divided into several comprehensive levels, based on the Therapeutic Skating program from USFS (United States Figure Skating). Each skater will receive a membership into USFS with your class registration.

Therapeutic Badge program is designed to help the physical/developmentally challenged skater develop skills and enhance their skating for physical recreation and activity while taking limitations into consideration. There are 14 levels in the series with a 15th level of a personal goal set by the family at the completion of the program. This class is taught by certified skating instructors with background and knowledge of students with special needs. The skater will be able to work at their own pace allowing for an enjoyable, positive experience. We, as instructors, would like to work with you and your family to make the skater feel as comfortable as possible in the new setting by discussing individual needs, providing storyboards, and a low anxiety environment. To give the skater the best opportunity for these items, we ask that you fill out the attached registration form completely so our staff can review it prior to first day of class.

## FIRST DAY PROCEDURE

Skaters should arrive at least 20 minutes prior to their scheduled class time allowing sufficient time to try on rental skates. The first time your skater attends our program, we will spend a portion of the class off ice just getting them acquainted with their equipment. Once skaters are ready to go on the ice, they may line up with their instructor for attendance.

## EQUIPMENT

Rental skates are available for free during classes. When you arrive and check in, there will be an instructor available to help you size and tie the skates. If you bring your own skates, single blade hockey or figure skates are required. All sizes of both styles of skates are available. Helmets are strongly encouraged for all skating participants (bicycle helmets are acceptable)! Comfortable, flexible, and warm clothing, including hats and gloves or mittens are recommended for all skaters. Beginner skaters should wear loose fitting pants while learning how to safely fall and stand back up.

## WHO QUALIFIES

Therapeutic skating is offered to anyone who would need special assistance due to medical, physical, or cognitive impairment. Please be sure to fill out the medical history form attached to registration so we can make the first day as comfortable as possible for your skater.

*Classes are held on  
Friday's  
6:25—6:50pm @  
Lincoln Park Community Center  
3525 Dix Hwy,  
Lincoln Park, MI 48146*

*Classes Begin  
September 14  
7 week class = \$60.00*

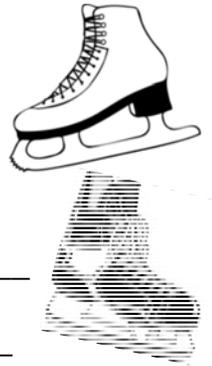
**Skate Company Skating Club**  
For more information contact Gail Sombati at  
[skatecompanyskatingclub@gmail.com](mailto:skatecompanyskatingclub@gmail.com)



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## SKATER REGISTRATION FORM



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

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

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

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Emergency Contact:

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

**DIAGNOSTIC INFORMATION:** Please print clearly and fill in all that apply. This will be used as a tool for the instructors to become better acquainted with your child's needs prior to classes starting to make your skaters first experience a positive more comfortable experience.

Medical Professional Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How does the skater communicate? Speech \_\_\_\_\_ Sign \_\_\_\_\_ Non-verbal \_\_\_\_\_ other \_\_\_\_\_

Does the skater have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes" how often do they occur? \_\_\_\_\_ On average how long do they last? \_\_\_\_\_

Does the skater have a shunt? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the skater have any of the following?  
Autism/Spectrum Disorder \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_

Learning Disabilities \_\_\_\_\_ Down Syndrome \_\_\_\_\_

Visual Impairment \_\_\_\_\_

Cognitive Impairment \_\_\_\_\_ (Circle One) Mild Moderate Severe Profound

Hearing Impairment \_\_\_\_\_ (Circle Use) Hearing Aid Sign Language Read Lips

Other Disabilities not listed: \_\_\_\_\_

Medical Limitations/precautions: \_\_\_\_\_

\_\_\_\_\_

**GETTING TO KNOW THE SKATER:** To help us better prepare your skater for a low anxiety practice, please provide the following information.

Name skater prefers to be called: \_\_\_\_\_

Signs that the skater may be upset, overwhelmed, or have anxiety:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sensory issues: \_\_\_\_\_  
\_\_\_\_\_

Special Interests that will help reinforce their comfort zone (ex– Thomas the Train, Movies, Character, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior/OT Plans that need to be followed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Representations, Acknowledgements, and Agreements:**

1. I hereby represent and certify that the age of the registrant listed is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Lincoln Park Community Center.
2. I acknowledge the inherent risk of serious injury or even death associated with ice skating, and ice hockey activities and I hereby release, discharge, and agree to indemnify and hold harmless the Skate Company Skating Club, Lincoln Park Community Center, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from the registrant’s participation in ice skating and ice hockey activities at Lincoln Park Community Center.
3. I hereby represent and certify that the registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in ice skating, and ice hockey activities at the Lincoln Park Community Center and as the parent or legal guardian of the participant, I hereby consent to any and all emergency medical care for participant and agree to pay for same.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date