



**Skate
NL**

Strength and Conditioning Classes

Instructor – Scott Mercer

May 5 – June 6

Cost: \$60 per skater (skaters may attend any/all sessions)

Registration: <https://skatenf.uplifterinc.com/registration/>

SCHEDULE

Sunday May 5 (ZOOM)	7:00pm-7:50pm
Monday May 6 (ZOOM)	7:30pm-8:20pm
Tuesday May 7 (ZOOM)	6:00pm-6:50pm
Thursday May 9 (Glacier)	6:00pm-6:50pm
Saturday May 11 (Glacier)	10:30am-11:20am and 12:00pm-12:50pm
Sunday May 12 (Glacier)	5:30pm-6:20pm
Sunday May 12 (ZOOM)	7:00pm-7:50pm
Monday May 13 (ZOOM)	7:30pm-8:20pm
Tuesday May 14 (Glacier)	6:00pm-6:50pm
Thursday May 16 (Glacier)	6:00pm-6:50pm
Saturday May 18 (Glacier)	10:30am-11:20am and 12:00pm-12:50pm
Sunday May 19 (ZOOM)	7:00pm-7:50pm
Monday May 20 (ZOOM)	7:30pm-8:20pm
Tuesday May 21 (Glacier)	6:00pm-6:50pm
Sunday May 26 (ZOOM)	7:00pm-7:50pm
Monday May 27 (ZOOM)	7:30pm-8:20pm
Tuesday May 28 (ZOOM)	6:00pm-6:50pm
Thursday May 30 (Glacier)	6:00pm-6:50pm
Sunday June 2 (Glacier)	5:30pm-6:20pm
Sunday June 2 (ZOOM)	7:00pm-7:50pm
Monday June 3 (ZOOM)	7:30pm-8:20pm
Tuesday June 4 (Glacier)	6:00pm-6:50pm
Thursday June 6 (Glacier)	6:00pm-6:50pm

*****NOTE – Class taken via ZOOM are **NOT** covered under the Skate Canada insurance program. If you wish to participate, you must also complete the waiver below and return to: skating@sportnl.ca**

Athletes Personal Information:

Name: _____ DOB ____/____/____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Liability Waiver:

I the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge the release of Scott Mercer, Skate Canada NL, any coach, instructor, agent, and governing body from liability for accidental injury or illness which I may incur as a result of participating in online video or live stream training sessions. I hereby assume all risks connected therewith and consent to participate in said programs.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said training sessions.

Parents Signature: _____ Date: ____/____/____

Signature (if 18 and older): _____ Date: ____/____/____

****This form ONLY needs to be completed if you plan to take part in ZOOM classes.***

Send to skating@sportnl.ca prior to first class.