



# ELLIS EDGE SPEEDSKATING CLINIC

Saturday and Sunday , FEBRUARY 27-28

Monday Advanced Clinic, MARCH 1

(one week before Nationals; two weeks before Provincials)

*The clinic will focus on integrating technique, strategy and tactics in racing . Monday's advanced camp will cover competition prep , race preparation with both mental and physical topics.*

**2002 U.S. Olympic and U.S. Team Head Coach Sue Ellis!**

- Two sessions of ice Sat/Sun. (3.5 hours of ice each day)
- Two sessions of off-ice training Sat./Sun (8 hours)
- Video review
- **Free** lunch on Saturday and Sunday
- 25 Skaters Maximum



- **\$325 Investment for substantial improvement in your skating skills and times for the Saturday and Sunday clinic!**
- **\$75 Investment for the advanced camp on Monday .**

## Viking Arena

1555 E. Woodward Heights

Hazel Park, MI 48030

Phone: 248.546.5700

REGISTER NOW: Catherine Astalos

[castalos@premiereradio.com](mailto:castalos@premiereradio.com)

313.617.7511

# ***Sue Ellis Bio***

## **Coaching Experience**

Level 4 Certification NCCP Canada

Level 3 Certified Course Conductor

1999 - 2002 - US National Short Track Team Head Coach and Olympic Coach

42 World Cups Medals, 4 Olympic medals, 3 Goodwill Games medals, 6 World Championship medals,  
2001 World Men's Relay Championship

1998 - 1999 - US Speedskating Development Coach

1984 - 1998 - Speed Skate New Brunswick Technical Director / Provincial Coach

## **Awards / Recognition**

1981 New Brunswick Female Athlete of the Year  
1995 New Brunswick Female Coach of the Year  
1996 Finalist for 3M Canada Coach of the Year  
1996 Finalist for Saint John Coach of the Year  
1997 Runner up for 3M Canada Coach of the Year  
2000 US Speed Skating Coach of the Year

## **Athletic Achievements**

Member of Canadian National Short Track Team 1981-1984  
National Records - 1981 - Senior 400m, 800m  
North American Short Track Champion - 1982  
National Senior Short Track Champion - 1981  
Member of 1977 Canada Games Long Track Team  
Member of 1985 Canada Games Cycling Team

# WOLVERINE SPEEDSKATING CLINIC SCHEDULE

## SATURDAY, FEBRUARY 27

- 8:00AM-9:30AM WARM UP/OFF ICE TRAINING
- 10:00AM-11:30AM ON ICE TRAINING
- 11:30AM-1:00PM LUNCH
- 1:00PM-3:20PM OFF-ICE TRAINING
- 4:00PM-6:00PM ON ICE TRAINING

## SUNDAY, FEBRUARY 28

- 8:00AM-8:50AM OFF-ICE TRAINING
- 9:30AM-11:30AM ON-ICE TRAINING
- 11:30M-12:30PM LUNCH
- 12:30PM-1:15PM OFF-ICE TRAINING
- 1:30PM-3:00PM ON-ICE TRAINING
- 3:15PM-4:00PM CLOSING COMMENTS

## MONDAY, MARCH 1

- 8:00AM-10AM OFF ICE TRAINING
- 10AM-NOON ON-ICE TRAINING
- NOON- 1PM LUNCH
- 1:30PM-3:30PM ON ICE TRAINING
- 3:45PM-4:15PM CLOSING COMMENTS

***3 DAYS OF TRAINING AND FUN THAT YOU WILL NEVER FORGET!***

# WOLVERINE SPEEDSKATING CLINIC

## ENTRY APPLICATION & WAIVER

SKATER: \_\_\_\_\_  
NAME AGE 500m TIME

SKATER: \_\_\_\_\_  
NAME AGE 500m TIME

SKATER: \_\_\_\_\_  
NAME AGE 500m TIME

### PARTICIPATION AGREEMENT & WAIVER

Please accept this to acknowledge my and/or my/our minor child(ren's) voluntary participation in the Wolverine Speedskating Clinic as indicated above as a member of the \_\_\_\_\_ Speedskating Association for the 2009-2010 season. I/we understand, accept and acknowledge that speedskating is an inherently dangerous sport that may result in serious bodily injury including paralysis or death, and I/we hereby, myself/ourselves, and for my/our heirs, executors, administrators and assigns, waive and release any and all claims for damages against the Association, any of its member clubs, and any of their officers, officials, volunteers, sponsors, agents, representatives, successors or assigns, or Ellis Edge, Inc. for any injuries that may be sustained as a result of participation in Association or Member Club activities. I/we acknowledge that I/we have read and understand this participation agreement, and accept its terms freely and voluntarily. I/we also represent that I/we agree to abide by the rules of US Speedskating and the Wolverine Sports Club.

\_\_\_\_\_  
ADULT SIGNATURE (AND/OR PARENT OR GUARDIAN OF MINOR MEMBER) DATE: \_\_\_\_\_

CLINIC ENTRY FEE: \_\_\_\_\_. MAKE CHECKS OUT TO: WOLVERINE SPORTS CLUB

MAIL TO: CATHERINE ASTALOS 53 HAWTHORNE RD. GROSSE POINTE SHORES, MI 48236