

INTERNATIONAL SKATING UNION

Communication No. 1793

ICE DANCE

ISU Regional North / East European Ice Dance Development Training Seminar for Ice Dance Coaches and Novice couples

The ISU announces that the ISU Ice Dance Technical Committee, through an initiative of the ISU Sport Directorate and with the support of the ISU Development Program, is organizing an International Regional Ice Dance Development Training Seminar for Ice Dance Coaches and Couples of beginner / Novice age and level in:

Torun, Poland, August 2nd – 11th, 2013

The aim of the Seminar is the development of Ice Dance Coaches and their Couples to a higher level, the improvement of basic principles and technique of Ice Dance. The intention is to re-initiate Ice Dance in countries that had Ice Dance Couples before, but have no or very little activity now. Another aim is the introduction of Ice Dance in new areas where it is not yet traditionally pursued.

To help Ice Dance Coaches and Couples to achieve a higher technical level, experienced Coaches will moderate the Seminar. Along with the extensive on-ice work daily off-ice classes will include theatre, ballet/jazz, lifts, relaxation/yoga, movement to music, ballroom- dancing and dance technique lectures. For a more personal learning effect, the experts will be available for a one-to-one contact with participating Coaches.

The Moderators for this seminar are:

On ice: Mrs. Sylwia Nowak-Trebacka, IDTC, Mr. Michael Webster ITA, Mrs. Marika Humphreys-Baranova, GBR

Off ice: Mrs. Anna Krzyskow (ballet), Mrs. Dorota Nowak (theatre), Mr. Jacek Chmiel (physical preparation)

The Seminar is composed for beginner and Novice aged Couples with the current ISU age requirements, i.e. if the Skaters have reached the age of 10 but not the age of 15 for Ladies and 17 for Men by July 1th preceding the Seminar.

Each Member may enter Ice Dance Couples and Coaches with no limitation to the Seminar. Couples should participate together with their Coaches, unless authorized by the Ice Dance Technical Committee and Sport Director, Figure Skating and IDTC. The Seminar is also open to Coaches wishing to attend without Skaters.

In order to provide quality education, **the maximum capacity is 24 Couples and 20 Coaches**. In case of too many Couples entered, the ISU will reduce the number using primarily the age criteria and/or the

region as limitation, starting from the highest age. A “waiting list” will be created in order to offer the chance of acceptance and participation should cancellations occur.

In addition, the Ice Dance Technical Committee together with the Sport Director, Figure Skating will check the list of entries and accept only participants (Couples and/or Coaches) for which it sees a possibility of future development.

Expenses

The financial responsibility for the Seminar is as follows:

- a) The living expenses (room and meal) for the accepted Couples and Coaches will be borne by the ISU for the period from **dinner on Friday, August 2 to breakfast on Sunday, August 11, 2013.**
- b) Members will be responsible for all travel expenses for Coaches and Skaters, and the living expenses for Coaches, attending outside of the quota or without a participating Couple.

Arrival and departure

Participants should arrange to arrive in the afternoon on Friday, August 2nd in time for the opening of the Seminar at 18.00, and depart in the morning of Sunday, August 11th, 2013.

Language

The Seminar will be conducted in English.

Insurance

All participants must be covered by a medical insurance valid on travel to and on site of the Seminar and must have their valid insurance documentation with them during the Seminar.

Applications

Applications for the Seminar together with the files Attachment (for Skaters and Coaches) should be forwarded no later than **Friday, June 7th, 2013** to the ISU Secretariat. This one will copy Mr. Peter Krick, Chair ISU Sports Directorate, Mrs. Krisztina Regöczy, ISU Sport Director Figure Skating, Mrs. Halina Gordon-Poltorak, Chair of the Ice Dance Technical Committee and Mr. György Sallak, Development Coordinator. See contact details below:

Mr. Peter Krick
Fax: +49 8158 928650
E-mail: peter.krick@eventint.com

Mrs. H. Gordon-Poltorak
Fax: +48 22 849 8201
E-mail: hpoltorak@yahoo.com

Mr. György Sallak
Fax: +361 222 5301
E-mail: gsallak@hunsbate.hu

Mrs. Krisztina Regöczy
Fax: +361 3355 153
E-mail.: kriszta@icedance.hu

ISU Secretariat
Samia Belila Bridy
Fax: +41 21 612 66 77
E-mail: info@isu.ch

Members will be notified of the acceptance of their application, together with other details by the ISU Sport Director Figure Skating through the ISU Secretariat as soon as possible after the deadline for applications.

Cancellation policy

All the facilities, including the Hotel has to be booked and paid for the accepted participants. Regretfully we can not accept any cancellations after the deadline of **Friday, July 5th 2013**. The ISU shall forward the related cancellation fees/costs to the Members.

Milan,

May 21, 2013

Lausanne,

Ottavio Cinquanta, President

Fredi Schmid, Director General

ISU Communication No. 1793 Appendix A
ISU Regional North / East European Ice Dance Development Training Seminar for Novice Coaches and Ice Dance couples
TORUN, Poland August 2 – 11, 2013

2013 QUESTIONNAIRE FOR NOVICE SKATERS

Member:	
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LADY		MAN	
Name:		Name:	
Date of birth:		Date of birth:	
Nationality:		Nationality:	
Have you attended an ISU Dance Seminar?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you attended an ISU Dance Seminar?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when and where		If yes, when and where	

At what level are you planning to compete in the coming season?		Basic Novice <input type="checkbox"/>	
		Advanced Novice <input type="checkbox"/>	
Are you part of a new dance couple?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you part of a new dance couple?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Why do you want to attend this seminar?		Why do you want to attend this seminar?	
What is your coach's name?		What is your coach's name?	

Date:

A confirmation of participation will be given shortly after the deadline. Please e-mail your applications before June 7, 2013 to

Mr. Peter Krick
 Fax: +49 8158 928650
 E-mail.: peter.krick@eventint.com,

Mrs. Halina Gordon Poltorak
 Fax: +48 22 849 82 01
 E-mail: hpoltorak@yahoo.com

Mr. György Sallak
 Fax: +361 222 5301
 E-mail: gsallak@hunskate.hu

ISU Secretariat
 Mrs. Samia Belila Bridy
 Fax: +41 21 612 66 77
 E-mail: belila@isu.ch

Krisztina Regöczy
 Fax: +361 3355 153
 E-mail: kriszta@icedance.hu

ISU Communication No. 1793 Appendix B

ISU Regional North / East European Ice Dance Development Training Seminar for Novice Coaches and Ice Dance couples

TORUN, Poland August 2 – 11, 2013

2013 QUESTIONNAIRE FOR COACHES

Member:	
Name:	
How many years have you been coaching ice dance?	
Have you already attended an ISU Dance Seminar?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, when	
Are you attending with a dance couple?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, the name of the team(s)	
If No, why do want to attend this seminar?	
Is there an Ice Dance development program in your country?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, explain	
What topics would you be interested in discussing during the “Coaches only” off-ice sessions?	

Date:

A confirmation of participation will be given shortly after the deadline.
Please e-mail your applications before June 7, 2013 to:

Mr. Peter Krick
Fax: +49 8158 928650
E-mail: peter.krick@eventint.com

Mrs. Halina Gordon Poltorak
Fax: +48 22 849 82 01
E-mail: hpoltorak@yahoo.com

Mr. György Sallak
Fax: +361 222 5301
E-mail: gsallak@hunskate.hu

ISU Secretariat
Samia Belila Bridy
Fax: +41 21 612 66 77
E-mail: belila@isu.ch

Mrs. Krisztina Regöczy
Fax: +36 1 3355 153
E-mail: kriszta@icedance.hu

ISU Communication No. 1793 Appendix C

SKATER HEALTH CARE

Torun 2013

**ISU Ice Dance Development Training Seminar for
Novice
Ice Dance couples and their Coaches**

To improve medical care of each skater at ISU Events and/or Seminars in case of emergency, the ISU Medical Advisors and the organizers of this Seminar request that the skaters fill out this form and return it with their application for participation.

NAME:

PASSPORT NUMBER:

MEMBER:

EMERGENCY CONTACT PERSON:

EMERGENCY CONTACT NUMBER:

BLOODTYPE: A / B / AB / O

ALLERGIES: YES / NO

If yes, what type (food, medications (penicillin or others), pollen, dust etc):

OTHER MEDICATIONS TAKEN FOR CURRENT MEDICAL CONDITIONS:

Please list the conditions and the medications required.
