



**SSM Summer Camp**  
**“Goal-Setting & Lesson Planning”**  
(Please Print This Form, Fill-In Neatly, & Bring to Camp)

**Athlete's Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Pre-Camp Prep: Athlete**

As you plan for camp, consider what you need to do physically, mentally, and technically to have an excellent experience. Think about the actions you will face during camp (relaxing, eating, stretching, and warming-up, learning techniques, psyching yourself up) but also relevant (below) cues that will help you stay connected or get re-connected if you lose your focus.

- |  |  |   |
|--|--|---|
| <input type="radio"/> Focus on Learning as #1 Priority | <input type="radio"/> Create a List of Goals for Lessons | <input type="radio"/> Work on Programs, MIF, Spins, Jumps & Combo's |
| <input type="radio"/> Develop a Plan                   | <input type="radio"/> Set Realistic Goals                | <input type="radio"/> Make New Friends                              |
| <input type="radio"/> Get Proper Rest                  | <input type="radio"/> Share Goals w/ Home Coach          | <input type="radio"/> Trust Your Counselor                          |
| <input type="radio"/> Create Positive Cue Words        | <input type="radio"/> Share Goals w/ Parents             | <input type="radio"/> Communicate Effectively                       |
| <input type="radio"/> Eat Healthfully                  | <input type="radio"/> Practice Taking Notes              | <input type="radio"/> Be Kind to Yourself and Others                |
| <input type="radio"/> Work Hard                        | <input type="radio"/> Create a Personal Check List       | <input type="radio"/> Have Fun!                                     |

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

My goals during camp:

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## Pre-Camp Prep: Coach

We would like to give each skater an amazing experience at the SSM Figure Skating Training Camp. To help make this happen, please print this form and have your home coach complete their goals for the athlete. Please bring it with you to camp to share with our Guest and Resident coaches.

**Athlete's Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Home Coach Name:** \_\_\_\_\_

My student's goals for camp:   ☐ New Jumps   ☐ New Spins   ☐ MIF   ☐ Train Program   ☐ New Drills

☐ Goal \_\_\_\_\_

☐ Goal \_\_\_\_\_

☐ Goal \_\_\_\_\_

**Notes for SSM Camp Coaches: I would like my student to focus on the following during their lesson(s).**

**SSM Camp Coach Name:** \_\_\_\_\_  
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**SSM Camp Coach Name:** \_\_\_\_\_  
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**SSM Camp Coach Name:** \_\_\_\_\_  
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**SSM Camp Coach Name:** \_\_\_\_\_  
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