



**2019 SYNCHRONIZED SKATING TEAM TRYOUTS
REGISTRATION FORM**



Note: Registration form must be **COMPLETELY** filled out and submitted with correct fees. **INCOMPLETE** applications or applications without proper fee will not be accepted.

SKATER # _____
(To be completed by Manager)

<u>Competition Level:</u>	<u>Ages:</u> (as of 7/1/19)	<u>Test Level Passed:</u>	<u>Select:</u>	<u>Fee:</u>
NOVICE	12-17	Intermediate MITF	5:00-5:45am <input type="checkbox"/>	\$45
INTERMEDIATE	11-18	Juvenile MITF	5:45-7:00am <input type="checkbox"/>	\$45
OPEN JUVENILE	11-18	Pre-Juvenile MITF	<input type="checkbox"/>	
JUVENILE	9-12	Pre-Juvenile MITF	7:00-7:50am <input type="checkbox"/>	\$45
PRE-JUVENILE	8-13	Preliminary MITF	8:00-8:45am <input type="checkbox"/>	NA
PRELIMINARY	7-11	Pre-Preliminary MITF/Freestyle 3+	9:00-9:30am <input type="checkbox"/>	NA
JUNIOR YOUTH FORMATION	6-9	Delta & above	9:45-10:15am <input type="checkbox"/>	NA
TOT	3½-6	Tot Alpha & above	<input type="checkbox"/>	NA

Registration Fee: Please pay for highest Competition Level for which you are auditioning
Checks payable to: **SDFSC**
Credit Cards will be accepted at the registration desk

Skater's Name: _____

Gender: _____ DOB: _____ Age today (4/6/19): _____ Age on 7/1/19: _____

Membership: USFSA # _____ ISI # _____ Home Club: _____

Coach Name(s): _____

Parent/Guardian Name: _____ Cell: _____

Email: _____

Previous Team History: **2018-2019 Level:** _____

2017-2018 Level: _____

2016-2017 Level: _____

Testing/Instruction as of today (4/6/2019):

USFSA Passed Freestyle: _____ Dance: _____ MITF: _____

Skate School Class level (i.e. Alpha-Delta, Freestyle 1, Freestyle 2, ...): _____

Does your skater have any previous or current medical or health conditions that we need to be aware of? _____

If YES, please specify: _____

WAIVER OF RESPONSIBILITY: (Must be signed by all skaters or parent if skater under age of 18). In consideration of being permitted to audition for Team del Sol / Shining Blades Synchronized Skating Teams, and understanding that there are inherent risks of injury in connection with the skating and ice-related activities, I hereby acknowledge and assume all responsibility for these risks and waive any and all possible claims that may arise against the San Diego Figure Skating Club in connection with the audition and my (our) use of the facility. I represent that I am of lawful age and legally competent to sign this release. By signing this release, I certify that I have read and fully understand the conditions herein provided.

Dated: _____

Signature of Participant or Parent (if skater under 18)

The coaches reserve the right to assign a skater to the team on which the skater is qualified to participate. Skater's physical ability, experience and maturity will be taken into consideration.