



**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>Moves In The Field (MITF) Level Passed:</u>	<u>Ages (as of 7/1):</u>	<u>Select:</u>	<u>Fee:</u>
Senior MITF			
Junior MITF			
Novice MITF	12-17	5:00-7:00am	\$45
Intermediate MITF			
Juvenile MITF			
Pre-Juvenile MITF	9-12	7:00-7:50am	\$45
Preliminary MITF	9-13	8:00-8:45am	\$10
Pre-Preliminary MITF	7-11	9:00-9:30am	\$10
Delta & above	6-9		
Tot Alpha & above	3½-6	9:45-10:15am	NA

**Registration Fee:** Please pay for highest MITF 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 : \_\_\_\_\_ Age on 7/1: \_\_\_\_\_

Membership: USFSA # \_\_\_\_\_ ISI # \_\_\_\_\_ Home Club: \_\_\_\_\_

Coach Name(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Previous Team History:** Year: \_\_\_\_\_ Level: \_\_\_\_\_

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Year: \_\_\_\_\_ Level: \_\_\_\_\_

**Testing/Instruction as of tryout date:**

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.**