

## SYNCHRONIZED SKATING TEAM TRYOUT REGISTRATION FORM

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

- SENIOR/JUNIOR TEAM  
Age Requirement: 15 yrs. & up

SKATER # \_\_\_\_\_  
(To be completed by Mgr.)

- NOVICE/INTERMEDIATE TEAM  
Age Requirement: 12-18 yrs.

**Registration Fee: Please pay for highest level auditioning for:**  
**Juvenile: \$35**  
**Intermediate/Novice: \$45**  
**Senior: \$50**

**Make checks payable to: SDFSC**

- JUVENILE TEAM  
Age Requirement: 9 – 12 yrs

Credit Cards accepted: Mastercard, Visa, Discover, AmericanExpress

Card# \_\_\_\_\_ Exp.Date \_\_\_\_\_

- OPEN JUVENILE TEAM  
Age Requirement: 9 – 18 yrs

Name on Card \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Skater's Name \_\_\_\_\_ Skater Cell #: \_\_\_\_\_

Age Today (3/26/16) \_\_\_\_\_ DOB \_\_\_\_\_ Age On 7/1/16: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent's e-mail \_\_\_\_\_ Skater's e-mail \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

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

USFSA Test Level Passed as today 3/26/16:  
Freestyle \_\_\_\_\_ Dance \_\_\_\_\_ MITF \_\_\_\_\_

Does your skater have any previous or current medical or health conditions that we need to be aware of? Y / N  
If you have selected yes please specify \_\_\_\_\_

**WAIVER OF RESPONSIBILITY: (Must be signed by all skaters or parents if skater under age of 18).** In consideration of being permitted to audition for Team del Sol 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.

Signature of Participant or Parent (if skater under 18) \_\_\_\_\_ Dated: \_\_\_\_\_

***The coach reserves 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.***