

## The Colonials Synchronized Skating Team 2017-2018

Tryout Registration: Please Send form to [synchro@colonialfsc.com](mailto:synchro@colonialfsc.com) or

The Colonials Synchronized Skating Tryouts, PO Box 517, W. Acton, MA 01720-0010

Skaters Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

Age as of July 1, 2017: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Club: \_\_\_\_\_

USFS Membership #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

### Individual Experience

### Synchro Experience

USFS Basic Skill Level: \_\_\_\_\_

Last Team Name: \_\_\_\_\_

USFS MIF Test Level Passed: \_\_\_\_\_

Division Last Skated: \_\_\_\_\_

USFS Dance Level Passed: \_\_\_\_\_

Total Number of Years on Team: \_\_\_\_\_

USFS Freeskate Level Passed: \_\_\_\_\_

Previous Team(s): \_\_\_\_\_

ISI Level Passed: \_\_\_\_\_

Approximate number of hours you skate per week (not including synchro): \_\_\_\_\_

In which of the following synchro divisions would you be interested in competing as a Colonial, assuming that you are both age eligible and qualified? Please check all that apply.

Division	Test Required by 10/1/17	Age as of 7/1/17	Yes	No
Beginner	Has NOT Passed Preliminary	N/A	_____	_____
Preliminary	N/A	Under the age of 12	_____	_____
Pre Juvenile	N/A	N/A	_____	_____
Juvenile	Pre Juvenile	Under the age of 13	_____	_____
Intermediate	Juvenile	Under the age of 18	_____	_____
Novice	Intermediate	Under the age of 16/17	_____	_____
Junior	Novice	Under the age of 18	_____	_____
Adult	Preliminary	N/A	_____	_____

Assumption Of Risk and Waiver of Liability: I am aware that figure skating is a dangerous sport, and that my (or my child's) participation in skating or training activities is at my (or my child's) sole risk. I hereby agree to release, indemnify and hold harmless Colonial Figure Skating Club, Inc., Nashoba Valley Olympia, Inc., and Olympus Realty Trust, and all of their directors, officers, agents, insurers, attorneys and employees, from any and all claims, demands, losses, damages or injury, whatsoever, of any kind or nature, that I may sustain as a result of my (or my child's) participation or activities with CFSC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Parent or Guardian if skater is under 18*