

# The Colonials Synchronized Skating Team 2012-2013

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

Skater's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ Age as of July 1, 2012: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

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

### Individual Experience

### Synchro Team Experience

USFSA Basic Skills Level: \_\_\_\_\_

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

USFSA MIF Test Level Passed: \_\_\_\_\_

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

USFSA Dance Level Passed: \_\_\_\_\_

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

USFSA FS Test 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?

Division	Test Required by 12/1/12	Age as of 7/1/2012	Yes	No
<b>Interest</b>				
Beginner	Has NOT passed Preliminary		_____	_____
Preliminary	NA	UNDER THE AGE OF 12	_____	_____
Juvenile	Preliminary	UNDER THE AGE OF 13	_____	_____
Intermediate	Pre-Juvenile	UNDER THE AGE OF 18	_____	_____
Novice	Juvenile	UNDER THE AGE OF 16/17	_____	_____
Junior	Intermediate	BETWEEN 12 AND 19	_____	_____
Adult	Preliminary	OLDER THAN 21	_____	_____

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*

**For Use by The Colonials**

<b>TRYOUT BIB NUMBER</b>	_____
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	_____
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