



2018-2019 Adult Team Auditions

Name: _____

Skate Canada #: _____

Skating Club (if applicable): _____

Date of Birth: Day/Month/Year: _____

Address: _____

Email address: _____

Is this your first year for synchronized skating? YES ___ or NO ___

If NO, please fill in the following information below:

Recent Synchronized Skating Experience

Year	Club / Team & Level
2017-2018	
2016-2017	

Audition:

Adult I / II (\$40) _____

Adult III (\$40) _____



WSST Use Only (cheques payable to WSST)

Board Member Initial _____

Amount Received \$ _____

Date: _____

Paid by: Cash _____ Cheque _____

Skater Account Credit _____

Ice Fyre
Whitby Synchronized Skating Teams
Audition Sessions

Acknowledgement

In consideration of participating in the Ice Fyre Audition Sessions and understanding that there are inherent risks of injury with skating and ice-related activities, the participant agrees that Ice Fyre, the Whitby Synchronized Skating Teams, Whitby Figure Skating Club and/or its Executive Committee / Board of Directors will not be held responsible for any loss or accident however caused.

The participating skater agrees to release the Whitby Figure Skating Club, Ice Fyre, the Whitby Synchronized Skating Teams, and their Board of Directors / Executive Committee, respectively, from all claims or damages which may arise as a result of or by reasons of such accident or loss. The participant also agrees to abide by the rules and policies of the Whitby Synchronized Skating Teams and Whitby Figure Skating Club.

I am of lawful age and legally authorized and competent to sign this release. I understand and fully agree to the conditions herein provided.

I

Participant's Name (printed): _____

Participant's Signature: _____

Date: _____