



2018-2019 Youth Team Auditions

Name: _____

Skate Canada #: _____

Skating Club: _____

Date of Birth: Day/Month/Year: _____

Address: _____

Email address: _____

Phone #: _____

Parent / Guardian Name (if skater is under 18 years): _____

Last Skill Level (Last Passed) - _____

CanSkate 1, CanSkate 2, CanSkate 3, CanSkate 4, CanSkate 5, CanSkate 6, Pre-Preliminary (Star 1), Preliminary (Star 2 & 3), Jr Bronze (Star 4 & Star 5), Sr Bronze, Jr Silver, Sr Silver, Gold

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

If NO, please fill in the following

Recent Synchronized Skating Experience

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

Audition:

Beginner / Pre-Juvie (\$30) _____

Juvie/Pre-Novice (\$40) _____

Intermediate (\$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
Placement Sessions

Acknowledgement

In consideration of participating in the Ice Fyre Placement Sessions and understanding that there are inherent risks of injury with skating and ice-related activities, the participant, parents or legal guardians agree 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 (and participant's parents or legal guardians) also agree 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.

Participant's Name (printed): _____

Parent/Legal Guardian's Name (printed): _____

Parent / Legal Guardian's Signature: _____

Date: _____