2018-2019 Youth Team Auditions

Name: Click here to enter text.

Skate Canada #: Click here to enter text.

Skating Club: Click here to enter text.

Date of Birth: Day/Month/Year: Click here to enter text.

Address: Click here to enter text.

Email address: Click here to enter text.

Phone # Click here to enter text.

Parent / Guardian Name (if skater is under 18 years) Click here to enter text.

Last Skill Level (Last Passed) - Click here to enter text.

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 | Click here to enter text. |
| 2016-2017 | Click here to enter text. |

**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): Click here to enter text.

Parent/Legal Guardian’s Name (printed): Click here to enter text.

Parent / Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.