



## 2011-12 Arctic Blaze Tryout Registration Form

Tryouts: Saturday, 4/23 10:10-11:10 (Tot – FS3)

Saturday, 4/23 11:10-12:10 (FS4 & Up)

Return this form, completely filled out, along with your \$30 payment, to the Front Desk at Arctic Ice Arena.

### Skater Information

Skater Name:

Birthdate:

Age as of 7/1/2011:

US Citizen?  Yes  No

Address:

City:

State:

Zip:

Skater's Email:

Home Phone Number:

Skater's Cell Number:

### Parent / Guardian Information

Parent 1 Name:

Parent 2 Name:

Parent 1 Cell Number:

Parent 2 Cell Number:

Parent 1 Email:

Parent 2 Email:

### Skating Information

ISI #:

Highest ISI Level Passed:

USFS#:

Highest USFS MIF Passed:

Highest USFS Freestyle Passed:

Highest USFS Dance Passed:

### Synchro Experience / Preferences

Would you like to be considered for a USFS team (requires travel to other states)?  Yes  No

Previous Synchro Experience (Team Name/Level/Years):

I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries which I may sustain as a result of participating in tryouts. I hereby release Arctic Ice Arena, Arctic Blaze, their personnel and employees from all liabilities.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Arctic Ice Arena Front Desk:**

Please register in system under "Synchro Tryout Fee" and place this form in a folder for Kristin Adamczyk.