



## Team Braemar Clinics & Tryouts 2015 Registration/Waiver

Skater's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Skater's birth date: \_\_\_\_\_ Age as of July 1, 2015: \_\_\_\_\_

USFS #: \_\_\_\_\_

Skater's email address: \_\_\_\_\_

Skater's cell phone: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

### Highest Test Level Passed as of June 1, 2015:

Freestyle: USFS \_\_\_\_\_ ISI \_\_\_\_\_

Moves in the Field: USFS \_\_\_\_\_ ISI \_\_\_\_\_

Dance: USFS \_\_\_\_\_ ISI \_\_\_\_\_

### Prior Skating Experience:

Number of years in synchronized team skating: \_\_\_\_\_

Which Team/s: \_\_\_\_\_

Other Competitive Skating Experience: \_\_\_\_\_

Name of Individual Coach(es) \_\_\_\_\_

Home Club: \_\_\_\_\_

*Please note: There is no need to leave your home club or change your individual coach.  
Our skaters represent many different home figure skating clubs within the greater Twin Cities area.*

### Please circle all divisions in which you have previously skated:

Qualifying:

Juvenile      Intermediate      Novice      Junior      Senior

Non-qualifying:

Preliminary      Beginner      Pre-Juvenile      Open Juvenile

Other (ISI etc.): \_\_\_\_\_

I understand that in case of emergency, 911 will be called.

I want to learn more about Team Braemar and agree to receive information about the teams

I, the undersigned, agree to hold and save harmless the Braemar-City of Lakes FSC, its officers, members, contractors and subcontractors, for any claims or demands arising out of accidents and/or injuries during all clinic and tryout sessions.

\_\_\_\_\_  
Skater's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date