

# SYNCHRONIZED SKATING COMPETITION

Date of Competition

## ENTRY FORM 1: Team Information

Team name:		U.S. Figure Skating #:	
Club: (if applicable)			
Team contact person:			
Daytime phone number:		E-mail:	
Address:		City	State / ZIP
Primary coach:		U.S. Figure Skating #	
Daytime phone number:		E-mail:	
Number of skaters:		Number of alternates:	

### Please check the level/event(s) entered:

- |                                     |                      |                          |                      |                          |                 |
|-------------------------------------|----------------------|--------------------------|----------------------|--------------------------|-----------------|
| <input type="checkbox"/>            | Synchro Skills 1     | <input type="checkbox"/> | Juvenile             | <input type="checkbox"/> | Open Collegiate |
| <input type="checkbox"/>            | Synchro Skills 2     | <input type="checkbox"/> | Intermediate         | <input type="checkbox"/> | Collegiate      |
| <input type="checkbox"/>            | Synchro Skills 3     | <input type="checkbox"/> | Novice               | <input type="checkbox"/> | Open Adult      |
| <input checked="" type="checkbox"/> | Snowplow Sam Synchro | <input type="checkbox"/> | Junior short program | <input type="checkbox"/> | Open Masters    |
| <input type="checkbox"/>            | Preliminary          | <input type="checkbox"/> | Junior free skate    | <input type="checkbox"/> | Masters         |
| <input type="checkbox"/>            | Pre-Juvenile         | <input type="checkbox"/> | Senior short program | <input type="checkbox"/> | Adult           |
| <input type="checkbox"/>            | Open Juvenile        | <input type="checkbox"/> | Senior free skate    |                          |                 |

Entry Fee: Enclosed is \$ \_\_\_\_ for \_\_\_\_ event. \$xxxx per team / event  
\$ \_\_\_\_ for \_\_\_\_ competitors. \$xxxx per skater / event  
\$ \_\_\_\_ for \_\_\_\_ Synchro Skills events \$50 per team / Synchro Skills event  
\$ \_\_\_\_ for \_\_\_\_ competitors \$10 per skater / Synchro Skills event

Checks should be made payable to:

Please send all forms and fees to:

All fees and entry forms must be  
Received by:

*Note for collegiate / open collegiate teams:* Please bring with you a copy of the collegiate certification page, or alternate proof of your athletes' student status, as of the entry deadline.

*Note for Synchro Skills 1-3 & Snowplow Synchro teams:* Snowplow Sam Synchro & Synchro Skills 1-3 teams may choose to represent either a full member club or a U.S. Figure Skating Learn to Skate USA program.

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## ENTRY FORM 2: Team Entry Form

Team Name:	Level:
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SKATER NAMES IN ALPHABETICAL ORDER Last name first	Birth date	U.S. Figure Skating #**	Highest MITF test passed *
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Alt. 1.***			
Alt. 2.***			
Alt. 3.***			
Alt. 4.***			

\* Required for teams entering open juvenile, juvenile, intermediate, novice, junior, senior, collegiate and adult. Also required for **Snowplow Sam Synchro &** Synchro Skills 1-3 teams. As of the competition entry deadline, **skaters on Learn to Skate USA Synchro Skills teams are not permitted to have passed higher than a preliminary test**

\*\* Skaters on **Snowplow Sam Synchro or** Synchro Skills 1-3 teams may be either full U.S. Figure Skating members **or** Learn to Skate USA members.

\*\*\*Teams are permitted to have a maximum for four alternates, in addition to the maximum number of athletes allowed on the ice at their level.

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## ENTRY FORM 3: Liability Waiver / Certification by Club Officer

Team Name:	Level:
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*U.S. Figure Skating and the clubs or organizers of competitions undertake no responsibility for damages or injuries suffered by the skaters or officials. As a condition of, and in consideration of the acceptance of their entries or participation therein, all entrants, their parents and guardians and officials shall be deemed to agree to assume all risks of injury to their person and property resulting from, caused by, or connected with, the conduct and management of the competition, and to waive and release any and all claims which they may have against any officials, U.S. Figure Skating, the club hosting the competition, and against its officers, and their entries shall be accepted only on such condition.*

Skater's name in alphabetical order	Skater signature or parent / guardian (if skater is under 18)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
Alt. 1	
Alt. 2	
Alt. 3	
Alt. 4	

**Club officer or Learn to Skate USA Program Director:** *All of the skaters listed on the team entry form are to the best of my knowledge, eligible members in good standing and eligible to compete under U.S. Figure Skating or Skate Canada rules.*

Print Name:	Signature
Title:	
Club or Learn to Skate USA program name:	

**If team is an individual member of U.S. Figure Skating, either the head coach or synchronized skating director may sign this form.**

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**ENTRY FORM 4:** Collegiate Certification page – for collegiate and open collegiate teams **ONLY**.

Collegiate and Open Collegiate teams must comply with Rule 7280 (Collegiate) or Rule 7290 (Open Collegiate). Athletes must have a high school diploma or equivalent and be enrolled in a degree program at a college or university as full-time students as recognized by the college or university they attend, as of the entry deadline for this event. Use a separate form for each institution the members attend, collect all the forms and send them together. Students may also choose another method to prove their student status, such as a print out of an unofficial transcript or a letter from the registrar.

Team Name:	U.S. Figure Skating Team Number:
Level:	

LAST NAME	FIRST NAME	STUDENT ID NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

**TO BE COMPLETED BY THE REGISTRAR:**

I certify that the students listed above are considered full-time students by the following institution: \_\_\_\_\_

Name of Registrar: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_