



# 2017-2018 Registration Form

**PLEASE PRINT CLEARLY**

**Beginner \$30/session - \$90 all sessions**

**All other levels \$50 /sessions - \$125 all sessions**

**Make checks payable to TEAM IMAGE**

**Non Team Image Skaters - Please bring a head shot**

www.teamimagesynchro.com PO Box 548, New Rochelle, NY 10802

| Skater Information               |       |       |
|----------------------------------|-------|-------|
| Skater's Name                    |       |       |
| Skater's Nickname                |       |       |
| Skater's Date of Birth           |       |       |
| Age as of 7/1/17                 |       |       |
| Street Address                   |       |       |
| City, State, Zip Code            |       |       |
| Home Phone                       |       |       |
| Mother's Name                    |       |       |
| Mother's Cell Phone              |       |       |
| Father's Name                    |       |       |
| Father's Cell Phone              |       |       |
| Family Email Address             |       |       |
| Secondary Email Address          |       |       |
| Skater's Numbers                 | USFSA | ISI   |
| Previous Synchro Experience      |       |       |
| Team Name                        |       |       |
| Level Skated                     |       |       |
| Years on Team                    |       |       |
| USFSA Testing Levels Passed      | Level | Coach |
| Basic Skill or Freeskate         |       |       |
| Freestyle                        |       |       |
| Moves in the Field               |       |       |
| Dance                            |       |       |
| Lessons and Practice Information |       |       |
| Private Lesson Coach             |       |       |
| Coach Email                      |       |       |
| Home Rink                        |       |       |
| Lessons per week                 |       |       |
| Duration of practice per week    |       |       |

**WAIVER OF RESPONSIBILITY: (Must be signed by all skaters or parents if skater is under the age of 18)**

In consideration of being permitted to audition for Team Image SST, and understanding that there are inherent risks of injury in connection with skating and ice-related activities, I hereby acknowledge and assume all responsibility for these risks and waive any and all possible claims that may arise against the Yonkers Figure Skating Club, Team Image SST, EJ Murray's Skating Center, The City of Yonkers, Playland Ice or Westchester Skating Academy in connection with the audition and my (our) use of the facility. I represent and I am of lawful age and legally competent to sign this release. By signing this release I certify that I have read and fully understand the conditions herein provided.

Signature of Participant or Parent (if skater is under 18)

Dated