



# Intro to Synchro Clinic Registration Form

**PLEASE PRINT CLEARLY**

**\$100 all sessions**

Make checks payable to TEAM IMAGE

Saturdays, November 14, 21, 28, and December 5, and 12th 4:20 - 5pm at WSA  
 Performance in WSA Holiday Show - Thursday, December 17th  
 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 7/1/15	
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	
USFS basic skill number	
Previous Synchro Experience	
Have you tried synchro before?	Yes / No
Skating history	
Group or private lessons	
Coach	

**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 skate with 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 skating and my (our) use of the facility. I represent that 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