

SKATING CLUB OF SOUTHERN CONNECTICUT TEST APPLICATION 2017

TEST RINK: _____ DARIEN ICE RINK _____ TERRY CONNERS RINK _____ SONO ICE HOUSE

TEST DATE: _____

APPLICATIONS MUST BE POSTMARKED TWO WEEKS PRIOR TO TEST DATE

Applications received after deadline date will be subject, if accepted, to a \$30.00 late fee.

Name: _____ USFS #: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: day _____ evening _____ e-mail: _____

Home Club: _____ Coach's Name: _____ Coach's Signature: _____

Signature of Applicant: _____ **If applicant is a minor, a parent/guardian must sign.**

Signature of Parent/Guardian: _____ Coach's E-mail: _____

SCSC Member: Full _____ Associate _____ Guest _____

Liability Statement: US Figure Skating and Skating Club of Southern CT conducting tests undertake no responsibility for damages or injuries suffered by the candidates. As a condition of and in consideration of the acceptance of their applications, all candidates and their parents and/or guardians will be deemed to have agreed to assume all risks of injury to the candidate's person and property resulting from, caused by or connected with the conduct and management of the tests, and to release any and all claims which they may have against any officials, US Figure Skating, Skating Club of Southern CT and their officers, the Terry Connors Rink, Darien Ice Rink and the SONO Ice House. Applications will be accepted only on the foregoing conditions.

Place a check next to each test you plan to take.

<u>MOVES IN THE FIELD TESTS</u>	<u>FREESTYLE TESTS</u>	<u>ADULT MOVES</u>	<u>ADULT FREESTYLE</u>
___ Pre-Preliminary \$45	___ Pre-Preliminary \$35	___ Pre-Bronze \$50	___ Pre-Bronze \$40
___ Preliminary \$45	___ Preliminary \$35	___ Bronze \$55	___ Bronze \$40
___ Pre-Juvenile \$50	___ Pre-Juvenile \$35	___ Silver \$60	___ Silver \$50
___ Juvenile \$55	___ Juvenile \$40	___ Gold \$65	___ Gold \$50
___ Intermediate \$65	___ Intermediate \$45		
___ Intermed. Supplemental \$70	___ Novice \$50		
___ Novice \$70	___ Junior \$55		
___ Junior \$70	___ Senior \$60		
___ Senior \$70			
___ Senior Supplemental \$75			

Test Fees _____

Ice Fee (**required for all skaters**) \$25

Associate Member Fee (\$15) _____

Guest Fee (\$40) _____

Late Fee (\$30) _____

Note: Associate member, guest and late fee charges are per test session (not per test).

Checks payable: SCSC

No skater will be put on test schedule until payment and application have been received.

Total Enclosed _____

Mail to: Kari Ryan, 2 Red Mill Lane, Darien, CT 06820

*Please note test fees are non-refundable. Applications will only be accepted by mail and prioritized according to postmark. If session is over subscribed, priority will be given as follows: SCSC Members, SCSC Associate Members and Guests. Payment must be included with application.

Questions? Contact: Kari Ryan, kari.ryan@skatescsc.com; 203-655-0805

Permission to test: If you are not a Home Club Member of SCSC, you must obtain permission to test from your Home Club.

Name: _____ is a member in good standing with (Club) _____.

Signature of Test Chair or Home Club Officer: _____ Date: _____

Title: _____