CT SKATING ACADEMY CLUB
VIRTUAL TEST APPLICATION FORM

Name:_____USFS#:_____

Address:_____

City: _____ State: _____ Zip Code: _____

Email:_____ Phone#:_____
Home Club (where USFS# is registered):_____
Coach's Name*: _____Coach's email:_____
*Coach must be on the U. S. Figure Skating list of Compliant Coaches in order to put a skater on the ice to test. Applications will not be accepted with non-compliant coaches.

SKATING SKILLS

_____ Pre-Preliminary ……..$40
_____ Preliminary ……..$40
_____ Pre-Bronze ……..$50
_____ Bronze……$50
_____ Pre-Silver ……..$60
_____ Silver ……..$60
_____ Pre-Gold ……..$65
_____ Gold ……$65

_____ Adult Pre-Bronze……$50
_____ Adult Bronze ……..$50
_____ Adult Silver ……..$55
_____ Adult Gold……$60

SINGLES/FREE DANCE

_____ Pre-Preliminary……$40
_____ Preliminary ……$40
_____ Pre-Bronze.. ……..$45
_____ Bronze……$45
_____ Pre-Silver……..$55
_____ Silver. ……..$60
_____ Pre-Gold……$60
_____ Gold… ……$60

_____ Adult Pre-Bronze……$50
_____ Adult Bronze ……..$50
_____ Adult Silver ……..$55
_____ Adult Gold……..$55

TEST FEES:

Test Fee $_____

Guest Fee
For Non-CSA members
($20) $_____

_____
TOTAL $_____

Make checks payable to CT Skating Academy and send it with your application to CT Skating Academy Test Chair Jennifer Pelletier:
31 Birch Hill Drive, West Hartford, CT 06107

Or hand deliver to Test Chair Jennifer Pelletier

DANCE TESTS

Standard ( ) Adult ( ) Masters ( )
Solo Lead ( ) Solo Follow ( )

		Circle dances to be taken			
Preliminary	$ 40ea	DW	CT		RB
Pre-Bronze	$ 40ea	SD	CC		FIT
Bronze	$ 45ea	HH	WIW		TF
Pre-Silver	$ 50ea	14S	EW		FT
Silver	$ 50ea	AW	T		RF
Pre Gold	$ 55ea	PD	K	BL	SW
Gold	$ 60ea	VW	WW	QS	AT

REQUIRED SIGNATURES

Signature of Applicant: _____ Date:_____

Signature of Parent/Guardian:_____Date:_____

If your home club is not CT Skating Academy, you must obtain permission to test from your Home Club. This permission may accompany your application, or may be emailed to the CT Skating Academy Test Chair, Jennifer Pelletier at jenniferlpelletier@hotmail.com
This is to certify that _____is a member in good standing

of _____ and eligible to test according to 2025 USFSA Rulebook at the CT Skating Academy Test Session on _____.

Signed: _____ Date: _____

Printed Name:_____ Position:_____

Email Address:_____

REQUIRED CT SKATING ACADEMY WAIVER / RELEASE

I AGREE TO WAIVE AND RELEASE CLAIMS AGAINST CT SKATING ACADEMY, THEIR OFFICERS, EMPLOYEES, AND MEMBERS, FOR INJURIES AND DAMAGES SUFFERED BY MYSELF, OR BY ANY CHILDREN UNDER 18 FOR WHOM I AM SIGNING, DURING PARTICIPATION IN THE CT SKATING ACADEMY TEST SESSIONS AT CHAMPIONS RINK OR ELSEWHERE.
I HEREBY ACKNOWLEDGE THAT ICE SKATING IS AN INHERENTLY DANGEROUS SPORT, AND PARTICIPATION INVOLVES RISK OF SERIOUS BODILY INJURY. I WILLINGLY UNDERTAKE THIS RISK FOR MYSELF AND FOR ANY CHILDREN UNDER 18 INCLUDED ON THIS FORM.

PRINTED NAME:_____

Signature: _____ Date: _____

(must be signed by parent or legal guardian if skater is under 18 years of age)