



# Cantiague Figure Skating Club

## DANCE TEST APPLICATION

[www.cfscskatingclub.org](http://www.cfscskatingclub.org)



Check **one** below. **NO REFUNDS will be made within 48 Hours of the Test.** Test schedules will be sent by e-mail.

- CFSC HOME CLUB MEMBER** I acknowledge that all my membership and ice fees are current. (No waiver needed)
- NON-HOME CLUB MEMBER** Include \$35.00 for each Test **LEVEL**, a Permission letter, and the attached waiver.

Name: \_\_\_\_\_ USFSA # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male:  Female:

Parent/Guardian Name: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Current USFS Test Level: FREE \_\_\_\_\_ MOVES \_\_\_\_\_ DANCE \_\_\_\_\_ PAIRS \_\_\_\_\_

Your Pro's Name(s): \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

\*\* Pro's Email: \_\_\_\_\_

Please submit a separate application for each **Test level**. The Board reserves the right to increase the test fee paid by those skaters testing. This increase may be necessary to cover the purchase of non-club ice or to bring in Gold level judges. Applications will be processed in order of postmark date. **If the skater scratches, the test Chairman must be notified 48 hours prior;** otherwise all fees will be forfeited (medical emergencies with note excluded). Only two postponements accepted. We recommend that you schedule tests of more than one level on different test dates. If there is one test contingent upon another, the second test will always be placed on the wait list or the testing fee for the second test will be forfeited if the skater retries the first test. Please review USFSA requirements to pass tests. Applications must be received at least one week prior to the requested date. **Preferred Test Date** \_\_\_\_\_

### DANCE TESTS (circle test)

Preliminary: \$25 each	Dutch Waltz	Canasta Tango	Rhythm Blues	
Pre-Bronze: \$30 each	Swing Dance	Cha-Cha	Fiesta Tango	
Bronze: \$35 each	Hickory	Willow Waltz	Ten-Fox	
Pre-Silver: \$40 each	Fourteenstep	European Waltz	Foxtrot	
Silver: \$60 each	American	Tango	Rocker Foxtrot	
Pre-Gold: \$65 each	Killian	Blues	Paso Doble	Starlight Waltz
Gold: \$70 each	Viennese Waltz	Westminster	Quickstep	Argentine Tango
<b>International</b> \$75 each	Rhumba, Austrian Waltz, Cha Cha Congelado, Yankee Polka, Ravensburger Waltz, Tango Romantica, Silver Samba, Golden Waltz, Midnight Blues			

**Free Dance** per tester Juvenile (\$25), Intermediate (\$30), Novice (\$35), Junior (\$60), Senior (\$70)

**SUBMIT** this application and full payment, (non-club members include signed waivers & permission letter) with checks made payable to **Cantiague FSC** to: **Karen Anzalone, 1905 Gormley Avenue, Merrick, NY 11566** email: [dka3@verizon.net](mailto:dka3@verizon.net). Ph: 516-378-9044. Write the test level and the skater's name in the check memo.

Signature of Skater (Parent or guardian if skater is under 18) \_\_\_\_\_

Signature of Skating Professional \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Postmark Date \_\_\_\_\_ **\*\*\*\* Credit cards not accepted**

**CANTIAGUE FIGURE SKATING CLUB**

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in *Cantiague Figure Skating Club* activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity".

I hereby release, discharge, and covenant not to sue the *Cantiague Figure Skating Club*, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The *Cantiague Figure Skating Club* has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the *Cantiague Figure Skating Club* shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Permission is hereby expressly granted to *Cantiague Figure Skating Club* to use any photographs images or likeness of us or our skater in advertising, promotional materials, social media etc. I have also read and agree to follow the Club ice rules.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Participant (age 18 or older)

\_\_\_\_\_  
Date

**PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CONSENT FOR MEDICAL ATTENTION OR TREATMENT**

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Cantiague Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Cantiague Figure skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

\_\_\_\_\_  
Name of 1<sup>st</sup> Minor Child Member (please print)      Name of 2<sup>nd</sup> Minor Child Member (please print)

\_\_\_\_\_  
Name of 1<sup>st</sup> Parent/Guardian (please print)      Name of 2<sup>nd</sup> Parent/Guardian (please print)

\_\_\_\_\_  
1<sup>st</sup> Parent/Guardian Signature    Date      2<sup>nd</sup> Parent/Guardian Signature    Date

\_\_\_\_\_  
Name of 1<sup>st</sup> Adult Member (please print)      1<sup>st</sup> Adult Member Signature    Date

\_\_\_\_\_  
Name of 2<sup>nd</sup> Adult Member (please print)      2<sup>nd</sup> Adult Member Signature    Date

This Consent for Medical Attention shall be binding and effective for the Cantiague Figure Skating Club membership year.