

## Cantiague Figure Skating Club MOVES/FREESTYLE TEST APPLICATION



www.cfscskatingclub.org

Name:			USFS	A #	
Address:			Phone: ( )		
City:		State:	Zip:	Male: □ Female: □	
Parent/Guardian Name	e:		Email Addr	ess:	
Current USFS Test Le	vel: FREE	MOVES	DANCE	E PAIRS	
Pro Attending Test Ses	ssion:		USF	SA #	
** Pro's Email:		Pro	's Phone: (	)	
contingent upon anoth forfeited if the skater rethe cost of the test who	er, the second etries the first t en testing on o <b>must</b> be recei	test will always be placed on t est. Please review USFSA req fficial Test Sessions and Home	he wait list or the uirements to page ice. Additional the requested d	ent test dates. If there is one test ne testing fee for the second test will ass tests. A \$20 Ice Fee is included I ice fees may apply when testing of date. Preferred Test Date	
		ices <b>already</b> reflect a \$35 Non-me			
Pre-Preliminary Moves Preliminary Moves Pre-Juvenile Moves Juvenile Moves Intermediate Moves Novice Moves Junior Moves Senior Moves	\$ \$65 \$75 \$135 \$135 \$135 \$135 \$135 \$135	Pre-Preliminary Freestyle Preliminary Freestyle Pre-Juvenile Freestyle Juvenile Freestyle Intermediate Freestyle Novice Freestyle Junior Freestyle Senior Freestyle	\$60 \$85 \$90 \$90 \$95 \$95 \$100 \$100	Pairs - \$90 per test Pairs - \$90 per test Pairs - \$95 per test Pairs - \$95 per test Pairs - \$100 per test Pairs - \$100 per test	
	ΑC	OULT MOVES and FREE	STYLE (circle	e test)	
Adult Pre-Bronze Moves Adult Bronze Moves Adult Silver Moves Adult Gold Moves	es \$75 \$85 \$135 \$135	Adult Pre-Bronze Freestyle Adult Bronze Freestyle Adult Silver Freestyle Adult Gold Freestyle	\$60 \$85 \$95 \$100		
made payable to Cant	iague FSC to:			vers & permission letter) with check Avenue, Merrick NY 11566. Please	
Signature of Skater (Pa	arent or guardi	an if skater is under 18)			
Signature of Skating P	rofessional				
Amount Paid	Check #	Postmark Date	****	Credit cards not accepted (9)000	

## 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 CONSE	NT AND INDEMNIF	CATION AGREEMENT
capabilities and believe the minor to be qualified to p AGREE TO INDEMNIFY AND SAVE AND HOLD Hadamages on the minor's account caused or alleged	participate in such "activity". ARMLESS each of the Rele to have been caused in who nd further agree that if, desp leasees, I WILL INDEMNIFY	ole or in part by the negligence of the Releasees or ite this release, I, the minor, or anyone on the minor's Y, SAVE AND HOLD HARMLESS each of the
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)		
1st Parent/Guardian Signature Date 2nd	 de Parent/Guardian Signature Date		
Name of 1 <sup>st</sup> Adult Member (please print)	1st 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.