



# Cantiague Figure Skating Club

## MOVES/FREESTYLE 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.

**NON-HOME CLUB MEMBER** Please include a  Permission letter and  Signed waiver (1 per season)

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. 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. A \$20 Ice Fee *is included* in the cost of the test when testing on official Test Sessions and Home ice. Additional ice fees may apply when testing off Home ice. Application **must** be received at least one week prior to the requested date. **Preferred Test Date** \_\_\_\_\_

### MOVES, FREESTYLE and PAIRS (circle test)

(prices **already** reflect a \$35 Non-member Test Fee per test)

Pre-Preliminary Moves	\$65	Pre-Preliminary Freestyle	\$60		
Preliminary Moves	\$75	Preliminary Freestyle	\$85		
Pre-Juvenile Moves	\$135	Pre-Juvenile Freestyle	\$90	Pairs - \$90 per test	
Juvenile Moves	\$135	Juvenile Freestyle	\$90	Pairs - \$90 per test	
Intermediate Moves	\$135	Intermediate Freestyle	\$95	Pairs - \$95 per test	
Novice Moves	\$135	Novice Freestyle	\$95	Pairs - \$95 per test	
Junior Moves	\$135	Junior Freestyle	\$100	Pairs - \$100 per test	
Senior Moves	\$135	Senior Freestyle	\$100	Pairs - \$100 per test	

### ADULT MOVES and FREESTYLE (circle test)

Adult Pre-Bronze Moves	\$75	Adult Pre-Bronze Freestyle	\$60
Adult Bronze Moves	\$85	Adult Bronze Freestyle	\$85
Adult Silver Moves	\$135	Adult Silver Freestyle	\$95
Adult Gold Moves	\$135	Adult Gold Freestyle	\$100

**SUBMIT** this application and full payment, (non-club members include signed waivers & permission letter) with checks made payable to **Cantiague FSC** to: **Karen Anzalone c/o CFSC 1905 Gormley Avenue, Merrick NY 11566**. Please 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 (5/2018)**

**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.