



This certifies that _____, (skater name) a member in good standing of the Carolinas Figure Skating Club, has successfully completed the requirements of the Axel Club as noted below on _____ (enter date of certification or protocol).

_____ Single Axel _____ Double Axel _____ Triple Axel

Skater has completed one of the following:

_____ Performed an axel in competition and has the IJS Protocol documentation; IJS Protocol must show an under or full-value axel regardless of negative GOEs. Please attach protocol sheet to this form upon submission

_____ Received coach certification; The jump must have been performed in front of three coaches (none of which are the primary coach of the athlete). Two of the three coach “judges” must agree on rotational value. Maximum of two attempts to perform the jump during the certification period. Coaches must sign this form

SKATER Signature

Coach Signature

Coach Signature

Coach Signature

Forms can be emailed to vicepresident2@carolinasc.org or placed in club box