



**Synchronicity
Synchronized Skating Teams
Registration Form
2010~ 2011**

Representing the London Skating Club & Skate Canada-Western Ontario

Personal Information (Please print clearly)

Name: _____

Date of Birth & Age as of July 1st, 2010 _____

Address (include postal code):

Phone Number: _____ Email address: _____

Medical Conditions & Allergies: _____

Parent's Name(s) & Phone Number(s): _____

Parent's Email Address: _____

Emergency Contact & Phone Number: _____

Skating History

Home Club: _____ Skate Canada #: _____

Highest Tests Passed (as of March 31, 2010):

Skills: _____ Dance: _____ Free Skate: _____

Current Skate Canada Coach: _____

Session/Days you skate: _____

Synchronized Skating Experience:

Number of Years: _____

Team & Club: _____

1. Are you trying out / have you tried out with a different club for the 2010– 2011 season?
If yes, please indicate with whom?

2. If your audition is successful, are you committed to joining the team you are assigned?

YES or NO

3. Please identify 3 personal qualities you will bring to your team?

Please note:

Skaters will be required to attend a “Synchronicity Team Weekend” in late August.

I hereby release, from any and all claims, the London Skating club, its directors, employees and coaches and agree that none of them shall be held responsible for any accident, injury or loss, however caused, whether on or off Club premises, ice or other facilities.

Signature (parent or guardian if skater under 18 years of age):

Date: _____