

Synchronicity Synchronized Skating Teams

Youth Try Out Registration Form

2018-2019

Representing the London Skating Club



Trying out for \_\_\_\_\_ (list the team you are trying out for)

**Personal Information (Please print clearly)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of July 1<sup>st</sup>, 2018 \_\_\_\_\_

Address (include postal Code) \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medical Conditions & Allergies: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

\_\_\_\_\_

**Skating History**

Home Club: \_\_\_\_\_ Skate Canada # \_\_\_\_\_

**Synchronized Skating Experience**

Number of Years: \_\_\_\_\_

Team and Club: \_\_\_\_\_

1. Are you trying out/ have you tried out with a different club for the 2018-2019?  
Please indicate with whom.

\_\_\_\_\_

2. If your audition is successful are you committed to joining Adult 1or II? Circle One  
Yes No

Please note:

Skaters will be required to attend a "Synchronicity Team Weekend" late in August. Date TBA

Release:

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

**Skater's Name (Please Print)**

**Skater's Signature**

\_\_\_\_\_

\_\_\_\_\_

**Witness (Please Print)**

**Witness Signature**

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_