



Synchronicity Synchronized Skating Teams

Youth Try Out Registration Form

2019-2020

Representing the London Skating Club

Personal Information (Please print clearly)

Name: _____

Date of Birth: _____ Age as of July 1st, 2019 _____

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 _____

1. Are you trying out/ have you tried out with a different club for the 2019-2020?
Please indicate with whom.

2. What is your highest test passed
Freeskate _____ Dance _____ Skills Interpretive _____

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 Signature

Witness Signature

Guardian (if under 18)

Date
