

Entry Form

2nd Annual Ann Arbor Basic Skills Competition — June 5-6, 2004

Form must be completely filled in before it can be processed

Read carefully, talk to your coach or instructor, and fill in legibly. If you enter the wrong event and need to change it for any reason other than our error, you will be assessed a \$10 change fee.

First Name:		Last Name:		USFSA/Basic Skills #:	
Address:			City:		State: Zip:
Date of Birth:	Age:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Work Phone #:		Night Phone #:		Email:	
Home Club:		Coach's Name:		Previously competed in AA Yes <input type="checkbox"/> Springtime or Basic Skills No <input type="checkbox"/>	

Current Skating Level:	Last Basic/Freestyle test passed:	Last USFSA MIF test passed:

Please check off event(s) entered. One entry form may be used for all events entered

Basic Skills Elements	Compulsory Program	Half-Ice Free Skating (AAFSC Music)	Free Skating (Skater Music)	Artistic Showcase
<input type="checkbox"/> Snowplow Sam	<input type="checkbox"/> Free Skating 1	<input type="checkbox"/> Snowplow Sam	<input type="checkbox"/> Low Basic Skills	<input type="checkbox"/> Basic Skills
<input type="checkbox"/> Basic 1	<input type="checkbox"/> Free Skating 2	<input type="checkbox"/> Basic 1-2	<input type="checkbox"/> High Basic Skills	<input type="checkbox"/> Beginner
<input type="checkbox"/> Basic 2	<input type="checkbox"/> Free Skating 3-4	<input type="checkbox"/> Basic 3-4	<input type="checkbox"/> Low Beginner	<input type="checkbox"/> Pre-Preliminary
<input type="checkbox"/> Basic 3	<input type="checkbox"/> Beginner	<input type="checkbox"/> Basic 5-6	<input type="checkbox"/> High Beginner	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Basic 4	<input type="checkbox"/> Pre-Preliminary	<input type="checkbox"/> Basic 7-8	<input type="checkbox"/> Pre-Prelim Ltd	Interpretive
<input type="checkbox"/> Basic 5		<input type="checkbox"/> Free Skating 1-6	Spins	<input type="checkbox"/> Basic Skills
<input type="checkbox"/> Basic 6			<input type="checkbox"/> Basic Skills	<input type="checkbox"/> Beginner
<input type="checkbox"/> Basic 7			<input type="checkbox"/> Beginner	<input type="checkbox"/> Pre-Preliminary
<input type="checkbox"/> Basic 8			<input type="checkbox"/> Pre-Preliminary	<input type="checkbox"/> Preliminary
			<input type="checkbox"/> Preliminary	

Competitor's Party Saturday Evening (free for the competitor, \$5.00 for parents and friends for food): Additional tickets: _____

Forms with incomplete or illegible information, missing signatures, missing pages, will be assessed a \$10 charge—payable at registration.

Check List:

- Entry Form
- Check, payable to AAFSC
- Certification page, signed by:
Club Officer; Athlete; Parent/Guard;
Coach/Instructor

Fees: \$35 First event
\$15 Each additional event
\$5 Each additional ticket for Saturday party

Entry Fees Are Not Refundable after the Entry Deadline Unless the Event is Cancelled

DEADLINE FOR POSTMARK IS: April 15, 2004
MAIL TO: James C Achtenberg, 17950 Mahrle Rd, Manchester, MI 48158
Spaces are limited within levels: first received — first entered. Mail early.

Certificate of Competitor by Club Officer

I hereby approve the entry of _____ (the competitor) into the 2nd Annual Ann Arbor Basic Skills Competition. I further certify that he/she is a full member in good standing of our club and is an eligible skater as defined in the official rules of US Figure Skating. If you are an individual member, you will certify your own form.

Club Officer Name:	Title:
Signature:	Telephone #:

Certification by Athlete and Parent/Guardian and Authorization for Emergency Medical Treatment

Athlete: I agree to conduct myself, both on and off the ice, in a manner that will reflect favorable upon this competition and upon the sport of figure skating, and that is consistent with the high standards of the sport. I agree to respect the person and property of others, and in the event I cause injury, damage, or loss to another or to the property of another, I hereby indemnify US Figure Skating, the local Competition Committee, the Ann Arbor Figure Skating Club, and their officers, directors, members, committees, representatives, employees and agents, and agree to hold them harmless against any and all claims that another person may have or which may arise out of such injury, damage or loss, together with any reasonable costs and attorney’s fees that may be incurred as result of any such claims, whether valid or not.

Athlete/Parent/Guardian: I understand that US Figure Skating and the Ann Arbor Figure Skating Club or organizers of this competition undertake no responsibility for damages or injuries, or loss of property suffered by the competitors. As a condition of and in consideration of the acceptance of their entries or participation therein, all entrants, their parents and guardians and officials shall be deemed to agree to assume all risks of injury to their person and property resulting from, caused by or connected with, the conduct and management of the competition, and to waive and release any and all claims which they may have against any officials, US Figure Skating, organizers of the competition, the Ann Arbor Figure Skating Club and its officers, and their entries shall be accepted only on such condition (CR 10.12).

In the event (I)(parent if athlete is under 18 years of age) or (my son/daughter) am unavailable, I hereby give permission for any emergency medical treatment and further authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnosis, and/or examination of (myself) (my son/daughter) to the medical committee of the competition for which I am entered by the physician representative of the medical committee of the sanctioned competition in which (I) (my son/daughter) is entered.

Parent/Guardian’s Signature

Date

Instructor’s Certification

I have read this entry form and certify that it is complete and that the competitor is eligible to enter the specified events:

Instructor’s Name:		USFSA #:	
Signature:		Email:	
Day Phone #:	Evening Phone #:	Fax:	
Address:	City:	State:	Zip:

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