

# 2004 International Adult Synchro Clinic

## REGISTRATION FORM

August 7 & 8, 2004  
 Sponsored by the *Gems on Ice* and Plymouth FSC  
 Compuware Sports Arena

### SKATER INFORMATION

Name \_\_\_\_\_ Nickname for Nametag \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Providence \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ USFSA or Skate Canada # \_\_\_\_\_

### SKATER EXPERIENCE

Team Name \_\_\_\_\_ Former Team(s) \_\_\_\_\_  
 03-04 Division Skated \_\_\_\_\_ Coaches' Name \_\_\_\_\_  
 # years of total skating experience \_\_\_\_\_ # years synchro experience \_\_\_\_\_

**Skaters will be divided into groups by skill. Please select one of the below groups to participate in.**

- \_\_\_\_\_ **Group I** – skaters who are extremely skilled – individual with high tests or many years of synchro experience. Able to perform most skills with ease - 3-turns, mohawks, brackets, choctaws, spirals, lunges, bauers, spread eagles, some spins, jumps (1/2), crossovers, stops.  
 \_\_\_\_\_ **Group II** – skaters who are at the intermediate skill level – some synchro experience. Can perform some of the skills described above.  
 \_\_\_\_\_ **Group III** – skaters who are at the beginner/advanced beginner level. May be familiar with some of the skills described above

### SATURDAY BOX LUNCH

Circle One:    Ham & Cheese    Turkey    Veggie    Circle One:    Coke    Diet Coke    Sprite    Water

### MEDICAL RELEASE

I hereby give permission to club personnel to obtain necessary medical treatment for myself in the case of emergency.

#### WAIVER OF RESPONSIBILITY:

I will not hold the Plymouth Figure Skating Club, Compuware Sports Arena, or staff liable for any injury received while participating in any activity at Compuware Sports Arena. I hereby release, discharge, and covenant not to sue the USFSA, its member clubs, their respective administrators, directors, agents, officers, volunteers and employees and any sponsors and advertisers of any USFSA sanctioned event in which I participate (each considered one of the Releasees herein) from a liability, claims, demands, losses, or damages on my account caused or alleged to be caused whole or in part by the negligence of the Releasees. This release waiver of liability and negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my behalf, makes a claim which does not arise from the gross negligence of, or intentional, willful, or wanton misconduct of Releasees against any of the Releasees, I will indemnify.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Card or id #: \_\_\_\_\_

### REGISTRATION FEES

	<b>Amount Due</b>
Skater Fee	\$110
Coaches' Fee*	\$50
Late Fee (after July 15)	\$20
T-Shirt	\$15
<b>*Waived with 5 or more skaters attending (must mail forms together)</b>	<b>TOTAL DUE</b>

- **CLINIC DEADLINE: July 15, 2004**
- **MAKE CHECKS PAYABLE TO: P.F.S.C. Synchro**
- **\$25.00 charge for NSF/returned checks**
- **No refunds for any reason**

**Mail To:**  
 Adult Synchro Clinic  
 c/o Carrie Brown  
 16172 Swathmore Lane  
 Livonia, MI 48154