



Representing The Skating Club of Boston

TEAM EXCEL 2010-2011 Tryout Registration

Skater's name _____ Date of Birth _____
 Street _____ Age as of 7/1/10 _____
 Town _____ USFS Membership # _____
 State _____ Zip Code _____ Home Club _____
 Home phone _____

Email address for team placement notification (**please print clearly**)

Parents' names: Mother _____ Father _____

Synchro Team Experience	Individual Experience
Team Name _____	USFS Basic Skills Level _____
Division last skated _____	MIF Test Level <u>Passed</u> _____
Total # of years of synchro _____	Freestyle Test Level <u>Passed</u> _____
	Dance Test Level <u>Passed</u> _____
	ISI Level <u>Passed</u> _____

Approximate # of hours you skate per week (excluding synchro) _____

Please indicate which divisions you would be interested in competing as a member of Team Excel, assuming that you are both age-eligible and qualified:

Division	Birth Date Per USFS	Interest	
		Yes	No
Preliminary	No earlier than 7/2/98	_____	_____
Juvenile	No earlier than 7/2/97	_____	_____
Intermediate	No earlier than 7/2/92	_____	_____
Novice	No earlier than 7/2/94	_____	_____
Junior	Between 7/2/91 and 7/1/98	_____	_____
Collegiate	(must be full-time college student)	_____	_____

Athlete/Parent Consent: I understand that Team Excel undertakes no responsibility for damages or injuries suffered during participation in tryouts. As a condition of, and in consideration of, the acceptance of the entrant into tryouts, the entrant, (or her parents or guardians if she is under 18) hereby agrees to assume all risks for any injury to the entrant's person or property resulting from, caused by or connected with participation in such tryouts.

Signature of Skater over 18 or Parent/Guardian _____ Date _____

Number assigned _____ Session Attended ___1___2___3 Payment cash ___ck#_____