

Hayden Synchronized Skating Teams Tryout Information/Registration 2010-2011

Picture & Pinney # _____

Please select team: Haydenettes (senior-14 yrs by 7/1/10) Lexettes (junior-12 yrs by 7/1/10)
 Ice Mates (novice-under 15yrs by 7/1/10) Mini Mates (juvenile-under 13 yrs)
 Shooting Stars (preliminary-under 12 yrs by 7/1/10)

Skater's Name: _____

Mailing Address: (Street) _____

(Town) _____ (State) _____ (Zip) _____

Parent/Guardian Names: _____

Telephone (Home): _____ Telephone (Cell): _____

Email Address: _____

Date of Birth: _____ Age as of 07/01/10: _____

School/College: _____ Grade/Year (Fall of 2010): _____

USFS #: _____ Home Club: _____

| HIGHEST USFS TESTS PASSED: | Test Level Passed | Date Passed/Location |
|----------------------------|-------------------|----------------------|
| Moves in the Field | _____ | _____ |
| Freestyle | _____ | _____ |
| Ice Dance | _____ | _____ |

Synchronized Skating Team Experience:

| Team | Division | Number of Years on Team |
|-------|----------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other competitive skating experience: _____ Letter from Coach: yes ___ no ___

Please list your experience during the previous 3 years in the following areas:
Musical Background (instrument, voice, etc) _____

Dance (off ice training, not ice dancing) _____

Other Activities (sports, theatre, etc) _____

| | | | |
|--------------|---------------------------------|----------------|----------|
| Tryout Fees: | All checks made payable to HSST | Haydenettes | \$100.00 |
| | Lexettes | Ice Mates | \$ 40.00 |
| | Juvenile | Shooting Stars | \$ 25.00 |

Athlete/Parent Consent: I understand that the Hayden Synchronized Skating Teams undertake 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 _____

For Team Use Only: Attendance 1st session 2nd session
Tryout Fee Payment _____ Cash Check # _____ Initials _____