

**Columbia Figure Skating Club
Test Application**

Test Date: 9/1/17

Name: _____ USFS#: _____

Email: _____ Phone#: _____

Home Club: _____ *(If not Columbia FSC include letter of permission)*

Coach's name: _____ Coach's signature _____

Coach's phone: _____ Coach's email: _____

Coach's USFS # _____

Signature of Coach confirms that the skater is ready to test and that the Coach is in compliance with US Figure Skating rules.

Field Moves

Freeskate

Pre-Preliminary	_____	\$40	Pre-Preliminary	_____	\$35	Test Fees:	_____
Preliminary	_____	\$45	Preliminary	_____	\$40	Guest fees (\$50):	_____
Pre-Juvenile	_____	\$50	Pre-Juvenile	_____	\$45	Hospitality	<u>\$5.00</u>
						Fee:	
Juvenile	_____	\$50	Juvenile	_____	\$50	Late Fee (\$25):	_____
Intermediate	_____	\$55	Intermediate	_____	\$55	Total Fees:	_____
Novice	_____	\$60	Novice	_____	\$60		
Junior	_____	\$65	Junior	_____	\$60		
Senior	_____	\$70	Senior	_____	\$65		
Adult Pre-Bronze	_____	\$40	Adult Pre-Bronze	_____	\$40		
Adult Bronze	_____	\$50	Adult Bronze	_____	\$45		
Adult Silver	_____	\$55	Adult Silver	_____	\$55		
Adult Gold	_____	\$60	Adult Gold	_____	\$60		

NOTE: Full and associate members of Columbia Figure Skating Club receive priority for test sessions. While we will attempt to meet requests for testing at specific times, we cannot guarantee timing.

Insurance Release: The USFSA and its member club holding the tests undertake no responsibility for damages or injuries suffered by the candidate. As a condition of and in consideration of the acceptance of their application, therefore, all candidates and their parents and/or guardians shall be deemed to have agreed to assume all risks of injuries to candidate's person and property resulting from, caused by, or connected with the conduct and management of the tests, and to release any claims which they may have against any officials, the USFSA, the club holding the test and against their officers. Applications shall be accepted only on the foregoing conditions.

My signature below indicates that I totally understand and accept the above-stated insurance regulations.

SIGNATURE: _____ **DATE:** _____
(Candidate or Parent/Guardian if Candidate is under 18)

Late fee required if postmarked after 8/18/17

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Test Application**

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Make checks payable to: **Columbia Figure Skating Club**

Please note: Test Fees will not be returned if tests applied for are not taken. A \$25 fee will be charged for all checks returned by the bank for any reason.

Mail completed application **and** test fees to: **Marna Schacknies
3021 Carlee Run Ct.
Ellicott City, MD 21042**

Late fee required if postmarked after 8/18/17