

Columbia Figure Skating Club
Test Application

Test Date: 08/31/18

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.

| Moves in the Field Tests | | | Free Skating Tests | | |
|--------------------------|--------------|------|--------------------|--------------|------|
| | Pre-Prelim | \$45 | | Pre-Prelim | \$35 |
| | Preliminary | \$50 | | Preliminary | \$40 |
| | Pre-Juvenile | \$55 | | Pre-Juvenile | \$45 |
| | Juvenile | \$55 | | Juvenile | \$50 |
| | Intermediate | \$60 | | Intermediate | \$55 |
| | Novice | \$65 | | Novice | \$60 |
| | Junior | \$70 | | Junior | \$65 |
| | Senior | \$75 | | Senior | \$70 |

| Adult Moves in the Field Tests | | | Adult Free Skating Tests | | |
|--------------------------------|------------|------|--------------------------|------------|------|
| | Pre-Bronze | \$45 | | Pre-Bronze | \$45 |
| | Bronze | \$55 | | Bronze | \$50 |
| | Silver | \$60 | | Silver | \$55 |
| | Gold | \$65 | | Gold | \$60 |

| | |
|---|------|
| Test Fees (total from above) | |
| Hospitality Fee (required) | 5.00 |
| Guest Fee (\$50 for Non-club members) | |
| Late Fee (\$25 if postmarked after the deadline) Late applications will be accepted if space allows and at the discretion of the test chair. | |
| TOTAL FEES | |

Late fee required if postmarked after 08/17/18

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PAYMENT by check payable to: **Columbia Figure Skating Club**

- \$25 fee for any returned check for any reason
- Test fees are non-refundable and are not returned if tests are not taken

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.

LIABILITY WAIVER AND INFORMATION ACKNOWLEDGMENT

The USFSA and CFSC undertake no responsibility for damages or injuries suffered by the candidates. As a condition of and in consideration of the acceptance of their applications, all candidates and their parents and/or guardians shall be deemed to have agreed to assume all risks of injury to the candidate's person and property resulting from, caused by or connected with the conduct and management of the tests, and to release any and all claims which they may have against any officials, the USFSA, the CFSC and against their officers. Applications shall be accepted only on the foregoing conditions. I have reviewed USFSA Rule TR 7.03 and agree to these conditions.

I understand that incomplete applications will be returned. I have reviewed this application before mailing. I have obtained all required signatures. I have included a permission letter (if required), and appropriate test fees (including late fees, if applicable). I acknowledge that it is my responsibility to verify that test application has been received.

Signature (Skater if over age 18 or Parent if skater under age 18)

Incomplete applications will be returned. Please review your application before mailing and be sure to include permission letter (if required), all signatures, and test fees.

Please mail completed application and test fees to:

**Chrissy Bennett
11525 Stardust Lane
Ellicott City, MD 21042**

Email: cfsctesting@gmail.com

Late fee required if postmarked after 08/17/18