

Glens Falls Figure Skating Club, Inc.

US FIGURE SKATING TEST APPLICATION

TEST DATE: January 7, 2012 (after competition events)
Glens Falls Civic Center
Glens Falls, NY 12801

Skater's Name
Address

Telephone Email
Home Club US Figure Skating ID#
Professional's Name Professional's Telephone

ALL FEES MUST ACCOMPANY TEST APPLICATION AND APPLICATION MUST BE FILLED IN COMPLETELY OR TEST WILL NOT BE SCHEDULED.

Table with 4 columns: Test Category, Level, Fee, If Retry, Date Last Tested *. Rows include Moves in the Field, Freestyle, and Total.

* If retrying a test, it is the skater's responsibility to be sure there are at least 28 days between tests.

Make Checks Payable to: GF FSC. Mail check and application to: Glens Falls FSC Test Session c/o Michelle Capron 22 Maple Street Hudson Falls, NY 12839-2019

Please Note: Testing space is limited and all tests will be held immediately following our competition events. Scheduling of tests will be on a first-come, first-served basis based on time availability. Schedule will be available on our website at GlensFallsFigureSkating.com by January 5, 2011. We cannot accommodate changes to the schedule once it has been posted.

Fees: Fees will not be refunded once test schedule is posted.

MOVES IN THE FIELD / FREE SKATING TEST FEES

Table listing fees for various skating levels: Pre-Preliminary (\$30), Preliminary (\$35), Pre-Juvenile / Adult Pre-Bronze (\$40), Juvenile / Adult Bronze (\$45), Intermediate / Adult Silver (\$50), Novice / Adult Gold (\$55), Junior (\$60), Senior (\$70).

Home Club Permission to Test:

To the best of my knowledge, _____ is a member in good standing* with his/her home club and has permission to test at the Glens Falls Figure Skating Club's January 9, 2011 test session.

Signature Date
Club Office Held Telephone

*To be in good standing, a skater must be a current US Figure Skating member and be up to date with payments due to his/her home club. This information will be verified.

Special Requests: List any special requests below and we will do our best to accommodate them. Please note that no special requests will be considered after receipt of this application.

NOTE: THIS PAGE MUST BE COMPLETED AND MAILED WITH YOUR APPLICATION IF YOU HAVE NOT ALREADY SUBMITTED A COMPETITION APPLICATION!

GLENS FALLS CIVIC CENTER
ASSUMPTION OF RISK AND RELEASE

BY MY PARTICIPATION IN THE ON-ICE ACTIVITIES BEING HELD ON THE DATE SET FORTH BELOW AT THE GLENS FALLS CIVIC CENTER IN GLENS FALLS, NY, I VOLUNTARILY AND KNOWINGLY ASSUME ALL RISK OF PERSONAL INJURY AND ALL OTHER HAZARDS FROM OR RELATED TO SUCH PARTICIPATION, WHETHER OCCURRING PRIOR TO, DURING, OR AFTER SUCH ACTIVITY, AND HEREBY FOREVER RELEASE AND DISCHARGE GLOBAL SPECTRUM, LP, THE CITY OF GLENS FALLS, THE GLENS FALLS CIVIC CENTER, AND EACH OF THEIR RESPECTIVE AFFILIATES, OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, OFFICIALS AND AGENTS OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND OR NATURE, EITHER IN LAW OR AT EQUITY, WHATSOEVER RELATING IN ANY WAY TO MY PARTICIPATION IN SUCH ACTIVITIES, INCLUDING BUT NOT LIMITED TO CLAIMS FOR BODILY INJURY OR DEATH OF PERSONS AND LOSS OR DAMAGE TO PROPERTY, WHETHER OR NOT CAUSED BY NEGLIGENCE.

I FURTHER RELEASE ALL OFFICIALS AND PERSONNEL FROM ANY AND ALL CLAIMS WHATSOEVER ON ACCOUNT OF FIRST AID, TREATMENT OR SERVICE RENDERED ME BEFORE, DURING OR AFTER MY PARTICIPATION IN SUCH ACTIVITIES.

I FURTHER STATE THAT I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AND KNOW THE CONTENTS HEREOF AND SIGN THIS ASSUMPTION OF RISK AND RELEASE AS MY OWN FREE ACT.

SIGNATURE*: _____

PRINT NAME: _____

ADDRESS: _____

DATE OF SIGNATURE: _____

DATE OF ACTIVITY: January 9, 2011

*** If participant is a minor (under the age of 18), its parent or guardian must also sign below:**

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR WHO HAS SIGNED THE ABOVE ASSUMPTION OF RISK AND RELEASE, AND I HEREBY AGREE THAT WE SHALL BOTH BE BOUND THEREBY.

SIGNATURE: _____

PRINT NAME: _____