

2019 Synchro Clinic Registration Form

Please print all information clearly.

Skater's Name: _____ Date of Birth: _____
 (Minimum age to attend Clinic: 8 years old)

Address: _____ Age as of July 1, 2019: _____

City: _____ State: _____ Zip: _____ U.S. Figure Skating # _____

Home Club: _____ Email: _____

Mother's Name: _____ Father's Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

In case of emergency, please contact: _____

Individual Skating Skills (fill out highest appropriate levels PASSED):

Synchro Team Skating Experience (if any):

Basic Skills/Free Skate Level: _____
 (Minimum level to attend clinic: passed Basic 6)

USFSA Moves (MIF) level: _____

USFSA Dance Level: _____

USFSA Free Skate Test: _____

2018–19 Team: _____

Division Skated: _____

Total # of years on any team: _____

Please select:	2 Day Clinic	<input type="checkbox"/>	OR	1 Day Clinic	<input type="checkbox"/>	
	postmarked by June 15, 2019	\$370.00		postmarked by June 15, 2019	\$185.00	
	after June 15–July 1, 2019	\$399.00		after June 15–July 1, 2019	\$199.00	
	<i>If attending 1 day Clinic, circle the date of attendance:</i>					
				July 15	OR	July 16
T-Shirt Size: (please circle one)	CHILD M	CHILD L	ADULT S	ADULT M	ADULT L	

What to Bring

- Skates, guards, and extra laces
- Skating apparel (sweater, finger gloves, tights and/or pants)
- Water bottle (no glass)
- LUNCH & Snacks
- Work out clothing
- Good pair of athletic shoes

Check payable to: SFSC

Mail completed registration form & check to:
 Synchro Clinic 2019
 c/o Lisa Mirabito
 109 Munro Dr.
 Camillus, NY 13031

ADDITIONAL INFORMATION:

- Skater will be placed into a group based on age, skill level, and number of skaters registered for the Clinic.
- Skater is responsible for their own transportation to and from the Clinic each day.
- All on- and off-ice classes will take place inside the Skaneateles YMCA & Community Center, 97 State St, Skaneateles, NY 13152
- Schedules and additional Clinic information will be emailed to all participants after July 5, 2019.
- QUESTIONS: Contact Lisa Mirabito at skatepro@themirabitos.com. Please reference "Synchro Clinic" in your communication.

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT In consideration of participating in activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity". I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the Skaneateles FSC, Skaneateles Y & Community Center and any coaches or staff associated with the Clinic (Releasees); and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity". I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

Parent/Guardian Signature _____ Date _____

Do not write below.

Date Received _____ Check # _____ Group _____