

**2017-2018 Rose City Crystals Synchronized Skating Tryouts
Registration.**

Name: _____

Age: _____

USFS Home Club (if applicable):

Highest USFS Test Passed (if applicable):

Home Phone: _____ Cell Phone: _____

Alternative Email Address:

Primary Emergency Contact

Name: _____

Relationship to Contact: _____

Phone Number: _____

I understand that by participating in tryouts, I am not guaranteed
a spot on a team.

Skater Signature: _____

Parent Signature: _____

(if skater is under 18 years of age)

MEDICAL RELEASE AND WAIVER

Parents and skaters signing this agreement acknowledge they are aware that the sport of ice skating, team skating, and related off-ice training and conditioning poses inherent dangers and risks of injury. They also understand that the skaters' participation in the sport of figure skating and in team skating, as well as off-ice training and conditioning sessions, which may include skaters and athletes of varying experience, skills and abilities, places the skater at greater risk of injury than choosing not to participate. Parents and skaters understand that skaters on the ice may need to practice skills where speed, power, and difficult, dangerous jumps, spins, spirals and moves are required and where it may not be possible to see clearly and stop a maneuver in time to prevent a collision or fall. Skaters and their parents are solely responsible for assessing, at all times, whether the conditions of the practice ice session, off-ice training session, the arena and ice surface are safe or suitable for that particular skater's experience, skills, and abilities, and for exiting the session or arena and choosing not to participate if they deem conditions unsuitable. In consideration for the skater's participation in this team's activities, the skater and parent signing this agreement release the Rose City Crystals and their coaches, officers, directors, members, volunteers, contractors and employees as well as independent contractor coaches from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any team activities and programs whether or not caused by the negligence or other fault of another person. In the event a skater is injured or incapacitated while participating in these activities or programs, the parent and skater give Rose City Crystals and its coaches or volunteers permission to seek necessary medical assistance for any injured person and agree that the responsibility to assure the skater's safety remains with the parent and skater at all times.

Parent Signature _____ (if skater
is under 18.)

Skater Signature _____

