

**2010-2011 Team Braemar
Registration, Evaluation & Placement Agreement**

- Registration form is due and fee payable to Team Braemar prior to or at tryouts.
\$45 Pre-Juvenile MIF and above
\$25 Preliminary MIF and below
- The fee for families with more than one skater trying out for Team Braemar is as above for the first skater and \$10 for each additional family member.

Skater's name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home phone: _____ **Skater's cell phone:** _____

Mother's name: _____

Mother's address (if different than skater): _____

Mother's work phone: _____ **Mother's cell phone:** _____

Father's name: _____

Father's address (if different than skater): _____

Father's work phone: _____ **Father's cell phone:** _____

Home club: _____ **Name of Coach:** _____

School: _____ **Grade in Fall 2010:** _____

Skater's e-mail address: _____

Parent's e-mail address: _____

Skater's birth date: _____ **Age as of July 1, 2010:** _____

USFS #: _____

Highest Test Level Passed as of May 10, 2010:

Freestyle: USFS _____ ISI _____

Moves in the Field: USFS _____ ISI _____

Dance: USFS _____ ISI _____

Prior Skating Experience:

Number of years in Synchronized Team Skating: _____

Which Team/s: _____

Other Competitive Skating Experience: _____

Please circle all divisions in which you have previously skated:

Qualifying:

Juvenile Intermediate Novice Junior Senior

Non-qualifying:

Preliminary Beginner Pre-Juvenile Open Juvenile Open Junior Beginner

Other (ISI etc.): _____

Number of sessions per week you will be skating (excluding team practice):

June-August 2010 _____ September 2010-May 2011 _____

Is your skater willing and able to travel by air to competitions?

