

LOC Use Only:

Check # _____ Amount _____

2009 SKATE ST. MORITZ COMPETITION ENTRY FORM

Sanctioned by U.S. Figure Skating

Hosted by the St. Moritz ISC

PLEASE PRINT CLEARLY

REQUIRED Information

The information below is necessary for processing your application and *must* be filled out *completely*. Incomplete applications may be returned.

Name of Entrant _____ Gender (circle one) M F

Partner's Name _____ for Pairs & Dance [including Pro-Am]

Birthdate ____ / ____ / ____ Home Club _____

U.S. Figure Skating # _____ (Write "pending" if your number has not been assigned yet)

Parent/Guardian Name _____

E-Mail (If none, please write "none") _____

Telephone (____) _____ Coach's Name _____

Highest Test Level Passed _____

MIF: _____ Pairs: _____

FS: _____ Dance: _____

Additional Requested Information:

Entrant's Address _____

City _____ State _____ Zip _____

Coach's Telephone (____) _____

Coach's E-Mail (if available) _____

ARTISTIC: Music/Theme _____

.....
CLUB CERTIFICATION (Required)

I hereby approve the entry of the contestant and certify that he/she: Is a member of my club in good standing; to the best of my knowledge, is eligible to enter the specified event; is eligible in accordance with rules of U.S. Figure Skating; and is following a standard and complete educational program in full compliance with the contestant's home state.

Club Official - Print Name _____ Title _____

Signature _____ Date _____

.....
ENTRIES MUST BE POSTMARKED AND SENT WITH APPROPRIATE FEES BY CHECK OR MONEY ORDER, PAYABLE TO SKATE ST. MORITZ, NO LATER THAN AUGUST 11, 2009. [Entries postmarked after this date must be accompanied by a \$30.00 late fee]. PLEASE MAIL ALL REQUIRED FORMS/FEES TO:

Skate St. Moritz / Attn: Darlene Shaffer Ito / 1245 Hawthorne Street / Alameda, CA 94501

2009 SKATE ST. MORITZ COMPETITION ENTRY FORM

Check Event(s) entering:

Level	Singles FS	Test Track	Artistic	Interpretive	Jumps	Spins	Comp. Moves
Senior							
Junior							
Novice							
Intermediate							
Juvenile / Open Juvenile							
Pre-Juvenile							
Preliminary							
Pre-Preliminary	1 2 3						
Pixie							
Basic Skating	1 2						
Basic Skating	3 4						
Adult Pre-Bronze							
Adult Bronze							
Adult Silver							
Adult Gold							
Adult Masters - Intermediate/Novice							
Adult Masters - Junior/Senior							

	Senior	Junior	Novice	Intermediate	Juvenile	Pre-Juvenile
Pairs						
Compulsory Dance						
Original Dance						
Free Dance						
Adult Pairs	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Masters</u>		

	Rhythm Blues	Fiesta Tango	Willow Waltz	Hickory Hoedown	Foxtrot	Rocker Foxtrot	Starlight Waltz
Pro-Am / Am-Am							

	Dutch Waltz	Ten Fox	14-step	European Waltz	Blues	Quickstep
Solo Dance						

Special Needs / Adapted Event - \$20

Singles Pairs Level: _____

Technical Panel Critique - \$10 per program

Short Program Free Skate (Juv & higher only)

Event	**For Fees, see also Announcement page 4	1 st Event Fee	2 nd Event Fee	3 rd / Subsqnt Event Fee
• INT through SR Free Skate / NOV through SR Pairs (per couple)		\$100.00	N/A	N/A
• JUV Free Skate / ADLT GOLD, MASTERS Free Skate		\$85.00	N/A	N/A
• JUV, INT, ADLT GOLD, MASTERS Pairs (per couple)				
• PRE-PRE through OP JUV Free Skate / ADLT PRE-BRZ through SLVR Free Skate / PRE-JUV, ADLT BRZ, SLVR Pairs (per couple)		\$75.00	N/A	N/A
• Competitive Test Track events – all levels				
• PRE-PRE through SR Artistic or Interpretive		\$75.00	\$25.00	\$15.00
• Basic Skating or Pixie Free Skate or Artistic / Interpretive		\$45.00	\$25.00	\$15.00
• Couples Dance – all levels (per couple)		\$75.00	\$25.00	\$15.00
• Solo or Pro-Am/Am-Am Dance (per couple)		\$40.00	\$25.00	\$15.00
• Compulsory Moves, Jumps Only or Spins Only events				

Total Entry Fees Enclosed \$ _____ *Note: Return Check Fee is \$20.00*

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

****THIS SECTION MUST BE SIGNED AND TURNED IN WITH APPLICATION****

I understand that my child/ward or I will be participating in the 2009 Skate St. Moritz at the Oakland Ice Center. I understand that ice skating can be a dangerous and injurious sport. I accept full responsibility for ensuring that my child/ward is adequately supervised and controlled while on the Oakland Ice Center property, and accept full responsibility for accidents or injuries to myself or my child/ward, and for any property damage to Oakland Ice Center and/or the St. Moritz Ice Skating Club arising from any activity on the property of Oakland Ice Center. I hereby waive all rights to assert or levy any and all claims, losses, liabilities, costs and/or liens against the corporation known as the Oakland Ice Center and the organizations known as U.S. Figure Skating and/or the St. Moritz Ice Skating Club. I agree to indemnify, defend, and hold harmless Oakland Ice Center, U.S. Figure Skating, St. Moritz Ice Skating Club and these corporations' and organizations' officers, management, agents, and staff from and against any and all claims, losses, liabilities, costs and/or liens for accidents or injuries to myself or my child/ward, or any other person or property damage caused by or arising out of participation in this competition.

Name: _____
(Please print name of adult signing below)

Date: _____

Signature: _____
Parent/Guardian (if skater is under 18 years of age)

Relationship: _____
(Parent or Guardian)

Signature: _____
Skater (If 18 years of age or older)

AUTHORIZATION FOR MEDICAL TREATMENT

****MEDICAL AUTHORIZATION MUST BE SIGNED****

In case of an emergency that may arise from participation in 2009 Skate St. Moritz, I authorize Oakland Ice Center and/or the St. Moritz Ice Skating Club to seek medical treatment for myself or my child/ward when parent / guardian is unavailable or incapacitated.

Signature: _____
Parent/Guardian (if skater is under 18 years of age)

Relationship: _____
(Parent or Guardian)

Signature: _____
Skater (If 18 years of age or older)

Special medical information (allergies, pre-existing conditions, etc.), if any:

****THIS SECTION IS STRONGLY RECOMMENDED, BUT OPTIONAL****

Name of Physician _____

Phone _____

Insurance Company _____

Policy Number _____ Name of Insured _____

SKATE ST. MORITZ - PRACTICE ICE

Practice Ice requests must be returned by **August 11, 2009** and will be processed in the order received. However, consideration may be given to skaters from outside the area, traveling from a distance over 150 miles. Singles skaters will be allowed one (1) session per program (i.e., SP, FS, Artistic) if available. Space is limited. Waiting lists will be established for all full sessions. The number of requests will determine dance and pair practice ice sessions. Please note that most of the available practice ice time is during school / work hours.

Please fill out and send this form with your check or money order payable to Skate St. Moritz to:

Skate St. Moritz
Attn: Katherine Specht
2626 Hillegass Ave, Unit D
Napa, CA 94588

Contact Info

E-mail: Katherine.Specht@gmail.com
Tel: 707-815-8464 (calls before 8 PM, Pacific, only)

NOTE: For written confirmation of practice ice times, you MUST enclose a self-addressed, stamped envelope with your form. *Practice Ice times and a list of skaters for each session will be posted on the St. Moritz website.*

INFORMATION MUST BE FILLED OUT COMPLETELY – PLEASE PRINT CLEARLY

Skater's Name: _____ Age _____ Phone (_____) _____

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City, State, Zip _____

Event(s) Entered: _____
(Examples: Basic Skills 3, Novice Free Skating, Senior Artistic, Solo Fourteenstep, Juvenile Pairs)

Official Practice Ice sessions will be approximately 45 minutes in duration; however, durations may be adjusted due to competition schedule. All scheduled sessions are subject to change.

At this time it is expected that all Basic Skills through Pre-Juvenile events, plus all 6.0 Adult, compulsory moves, jumps, spins and artistic events will take place on the OLYMPIC rink and all Juvenile through Senior, plus all IJS Adult, test track, pair and dance events will be scheduled on the NHL rink. If this changes based on the number of entries, skaters will be given practice ice on the appropriate rink that most closely matches their request(s) below.

Cost is \$15.00 per session per person. Practice Ice fees will **not** be refunded unless a session is not assigned.

OLY Rink <i>Session between:</i>		Indicate 1 st , 2 nd , and 3 rd Choices		NHL Rink <i>Session between:</i>		Indicate 1 st , 2 nd , and 3 rd Choices
11:45 AM – 1:15 PM				11:15 AM – 12:45 PM		
1:30 PM – 3:00 PM				1:00 PM – 2:30 PM		
3:15 PM – 4:45 PM				2:45 PM – 4:15 PM		
5:00 PM – 6:30 PM				4:30 PM – 6:00 PM**		

Total # of Sessions Requested = _____
Price is \$15.00 per session per skater

If you are requesting more than one session, do you prefer back-to-back sessions (*if possible*): Yes _____ No _____

**Afternoon sessions on the NHL rink may be unavailable if it is necessary to start competition before 6 p.m.

Unofficial practice ice and/or “warm up” practice sessions may be available on Saturday & Sunday. If you would like to receive an e-mail notice of available ice times, please check here _____ and be sure your e-mail is included above.

Note: Return Check Fee is \$20.00

LOC use only:

TOTAL ENCLOSED: \$ _____ Check No. _____