

**2002 RISING STARS COMPETITION**  
**SANCTIONED BY THE USFSA**  
**HOSTED BY: GARFIELD HEIGHTS FIGURE SKATING CLUB**

**DATES:**        **NOVEMBER 8, 9 AND 10, 2002**

**PLACE:**        **DAN KOSTEL RECREATION CENTER**  
**5411 TURNEY ROAD**  
**GARFIELD HEIGHTS, OHIO 44125**

**PURPOSE:** The Rising Stars Competition was established to stimulate interest in the beginning level of figure skating and to afford a competitive experience for as many skaters as possible. No school figures or moves-in-the field will be skated.

**RULES:** The competition will be conducted in accordance with the rules set forth in the current edition of the USFSA Rule Book.

**ELIGIBILITY:** This competition is a non-qualifying competition, open to all 2002 registered members of the USFSA. Skaters will compete at their **Freeskating** level as of **October 1, 2002**, or one level higher, **BUT NOT BOTH**. Skaters may not compete below their test level as of October 1, 2002. Skaters must be registered members of the USFSA.

**ENTRIES:** There is no limit to the number of entries from each participating club in any event. Any event with a large number of entries will be separated into smaller groups by birth date. Winners of any Rising Star event may not enter that event again. Skaters must enter the next higher category regardless of their current test level.

**ENTRY FEES:**

<u>Single Events:</u>	<u>Pairs, Couples Events</u>	<u>Solo Dance Events</u>
\$50.00 for the first single event	\$50.00 per team for the first event	\$25.00 for the first solo dance event
\$20.00 for the second single event	\$30.00 per team for the second event	\$15.00 for the second solo dance event
\$15.00 for each additional event	Each Partner must complete an application. Please return applications together.	\$50.00 for all three events

**THERE WILL BE A \$25.00 SERVICE CHARGE ASSESSED FOR EACH RETURNED CHECK.**

**DEADLINE:** Entry forms must be filled out completely and mailed along with a check or money order made payable to: **GARFIELD HEIGHTS FIGURE SKATING CLUB**. All entries must bear an official U.S. postmark, on or before Midnight **October 1, 2002**. *No late entries will be accepted*. No refunds after closing date, unless the event is canceled for lack of participation. Two entries constitute a competition in any event. No refunds for any other reason including medical (except in the case of a death in the immediate family).

**PLEASE MAIL SEPARATE CHECKS FOR ENTRY FEES AND PRACTICE ICE.**

<p><b>Mail Entry Application To:</b> <b>Joyce Lange</b> <b>16022 Messenger Road</b> <b>Burton, Ohio 44021</b></p>
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**ADMISSION:** Free with a non-perishable food item (will be donated to a local organization).

**PRACTICE ICE:** Practice ice will be available on Thursday, November 7, 2002. See attached practice ice form. Rink size is 85' x185'.

**REGISTRATION:** The official registration desk will be located in the lobby of the Recreation Center and will be open beginning with Practice Ice. All skaters must report one hour prior to their event.

**MUSIC:** Freeskating competitors must provide music on cassette only. NO TAPES LONGER THAN C-30's WILL BE PERMITTED. All cassettes must be marked with name and event on the side to be played. Skaters should have a suitable emergency back-up cassette at the rink. Skaters are to turn in their music at the time of registration. Music should be reclaimed at the desk after the completion of the event. Music will be provided for compulsory dance.

**EVENTS:** All events will be final rounds. Medals will be awarded for first, second, and third place. Ribbons will be awarded for fourth place.

**TROPHY:** The Rising Stars Club Trophy, awarded to the participating club with the most points accumulated during the competition will be presented at the close of the Competition.

**OFFICIAL NOTICE & SCHEDULES:** An official board will be maintained in the lobby of the Recreation Center. Posting of schedules and announcements shall constitute sufficient official notice to competitors, coaches and officials. A schedule of events and practice ice will be posted at each competing club at least one week prior to the competition. Check the official board area upon arrival for any changes.

**PARKING:** Off-street parking is available by entering from the Turney Road entrance at the drive leading to the Civic Center and the Library. Additional parking is available leading from the tennis courts to the main entrance to the Rink.

For general information regarding the 2002 Rising Stars competition, please contact:

CO-CHAIRPERSONS:	Gerri Royer (216) 663-7461	Email: <a href="mailto:G1021R@aol.com">G1021R@aol.com</a>
	Joyce Lange (440) 543-1672	Email: <a href="mailto:JALange81@aol.com">JALange81@aol.com</a>
APPLICATIONS:	Joyce Lange (440) 543-1672	
PRACTICE ICE:	Susan Taylor (330) 725-8531	
WEBSITE:	<a href="http://www.en.com/ghfsc">www.en.com/ghfsc</a> or <a href="http://www.clevelandskating.com">www.clevelandskating.com</a>	

**THE FOLLOWING IS A LIST OF AREA HOTELS THAT ARE CONVENIENT TO THE DAN KOSTEL RECREATION CENTER:**

Holiday Inn (I-77 and I-480)	Comfort Inn	Hampton Inn	Embassy Suites
6001 Rockside Road	6191 Quarry Lane	6020 Jefferson	6060 Rockside Woods Blvd
Independence, OH	Independence, OH	Independence, OH	Independence, OH
(216) 524-8050	(216) 328-7777	(216) 520-2020	(216) 524-4995

**DIRECTIONS TO DAN KOSTEL RECREATION CENTER:**

I-480-WEST Exit at E. 98<sup>th</sup> Street/Transportation Blvd. - Continue through light onto Antenucci Blvd.. Turn left on Turney Road, cross over the I-480 Bridge; turn Right into Civic Center; Recreation Center is the last building on right.

I-480-EAST Exit at E. 98<sup>th</sup> Street/Transportation Blvd. - Turn left onto Transportation Blvd.; turn left onto Antenucci Blvd. (1<sup>st</sup> light). Turn left on Turney Road, cross over the I-480 Bridge. Turn right into Civic Center; Recreation Center is the last building on the right.

## EVENT CATEGORIES, TIMES AND REQUIREMENTS

### FREE SKATING

Skaters may skate at their highest freeskating level passed or one level higher.  
Adults must be 25 years of age or older.

CATEGORY	MINUTES	MUST HAVE PASSED
Beginner A	1:00	No Test requirement
Beginner B	1:30	No Test requirement
Pre-Preliminary	1:30	Pre-Preliminary Free Skating Test
Preliminary	1:30	Preliminary Free Skating Test
Pre-Juvenile	2:00	Pre-Juvenile Free Skating Test
Adult Pre-Bronze	Not to exceed 1:40	Adult Pre-Bronze Free Skating Test
Adult Bronze	Not to exceed 1:40	Adult Bronze Free Skating Test

### COMPULSORY MOVES

Beginner through Pre-Juvenile skaters will present a program without music no longer than the specified times. Test requirements are the same as for free skating. All compulsory moves will be skated on ½ ice surface. Elements may be skated in any order, and deductions will be taken for additional elements. Adults must be 25 years of age or older.

CATEGORY	MINUTES	REQUIRED ELEMENTS
Beginner	1 minute or less	1. Bunny Hop (2 in a row) 2. Upright scratch spin (minimum of 3 revolutions) 3. Waltz Jump 4. Spiral 5. Lunge
Pre-Preliminary	1 minute or less	1. ½ Flip or ½ Lutz Jump 2. Salchow Jump 3. Waltz Jump-Toe Loop Combination with no steps or turns between 4. Upright Scratch Spin (minimum of 3 revolutions) 5. Spiral (forward outside)
Preliminary	1 minute or less	1. Flip Jump 2. Back Scratch Spin (minimum of 3 revolutions) 3. Salchow-Loop Jump Combination with no steps or turns between 4. Spiral (forward inside) 5. Split Jump
Pre-Juvenile	1:15 minutes or less	1. Camel Spin (minimum of 3 revolutions in camel position) 2. Lutz Jump 3. Straight Line or Diagonal Footwork 4. Flip-Loop Combination Jump with no steps or turns between 5. Sit-Change-Sit Spin (minimum of 3 revolutions on each Foot in sit position)
Adult Pre-Bronze/ Bronze	1:15 minutes or less	1. Straight Line or Diagonal Footwork 2. Salchow Jump 3. Waltz Jump-Toe Loop combination with no steps or turns between 4. Upright Scratch Spin (minimum 3 revolutions) 5. Spiral (forward outside)

### NOTES FOR COMPULSORY MOVES

- The required elements may be skated **IN ANY ORDER**. Unprescribed additional jumps or spins are not permitted. Marks will be deducted if any are included.
- Jumps and combination jumps will be evaluated on: speed and flow from takeoff to landing, cleanness of takeoff, height of jump, body position in the air and control of the landing. Combination jumps must have no steps or turns in between combination jumps.
- Spins and combination spins will be evaluated on: number and speed of revolutions, center of spins, body position in the spin and control of the exit from the spin.
- Footwork will be evaluated on: difficulty of steps, neatness, sureness and cleanness of steps, speed of travel and body position.

## COUPLES DANCE EVENTS

### **PRELIMINARY**

<b>CATEGORY</b>	<b>DANCES</b>	<b>BOTH PARTNERS</b>
Preliminary (Initial Round)	Canasta Tango	May not have completed the Preliminary Dance Test
	Dutch Waltz	May not have completed the Preliminary Dance Test
Preliminary (Final Round)	Rhythm Blues	May not have completed the Preliminary Dance Test
	Swing Dance	May not have completed the Preliminary Dance Test

### **PRE-JUVENILE**

<b>CATEGORY</b>	<b>DANCES</b>	<b>BOTH PARTNERS</b>
Pre-Juvenile (Initial Round)	Cha-Cha	May not have passed the Pre-Bronze Dance Test
	Dutch Waltz	May not have passed the Pre-Bronze Dance Test
Pre-Juvenile (Final Round)	Canasta Tango	May not have passed the Pre-Bronze Dance Test
	Rhythm Blues	May not have passed the Pre-Bronze Dance Test

### **JUVENILE**

<b>CATEGORY</b>	<b>DANCES</b>	<b>BOTH PARTNERS</b>
Juvenile (Initial Round)	Ten Fox	May not have completed the Bronze Dance Test
	Hickory Hoedown	May not have completed the Bronze Dance Test
Juvenile (Final Round)	Cha-Cha	May not have completed the Bronze Dance Test
	Willow Waltz	May not have completed the Bronze Dance Test

## SOLO DANCE EVENTS

<b>DANCES</b>	<b>LAST TEST LEVEL PASSED</b>
Canasta Tango	May not have completed the Preliminary Dance Test
Dutch Waltz	May not have completed the Preliminary Dance Test
Rhythm Blues	May not have completed the Preliminary Dance Test
Cha-Cha	May not have completed the Pre-Bronze Dance Test
Fiesta Tango	May not have completed the Pre-Bronze Dance Test
Swing Dance	May not have completed the Pre-Bronze Dance Test
Hickory Hoedown	May not have completed the Bronze Dance Test
Willow Waltz	May not have completed the Bronze Dance Test
Ten Fox	May not have completed the Bronze Dance Test

### NOTES FOR DANCERS

1. Solo Dancers may enter up to three solo dances. Medals will be given for each dance.
2. The referee will determine which patterns will be skated.

## PAIRS EVENTS

### **MIXED PAIRS**

<b>CATEGORY</b>	<b>MINUTES</b>	<b>MUST HAVE PASSED</b>
Preliminary	1:30	Preliminary, but not Juvenile Pair Test
Juvenile	2:00	Juvenile, but not Intermediate Pair Test

### **SIMILAR PAIRS**

<b>MINUTES</b>	<b>MUST HAVE PASSED</b>
1:30	No test requirement, but not Juvenile Free Skating Test
2:00	Pre-Preliminary, but not Juvenile Free Skating Test

## ARTISTIC

Eligibility by test level as described for Free Skating events. Vocal music may be used. Appropriate costumes are encouraged but not mandatory and should not pose a safety hazard to the skater. Judging will emphasize artistic expression, originality, creativity and musical interpretation. Only hand-held props may be used. Costume accessories, once removed, are props. Nothing may be placed on the ice surface.

<b>CATEGORY</b>	<b>MINUTES</b>
Beginner	1:30
Pre-Preliminary	1:30
Preliminary	1:30
Pre-Juvenile	1:30
Adult Pre-Bronze/Bronze	1:30

**OFFICIAL ENTRY FORM  
RISING STAR'S COMPETITION  
NOVEMBER 8-10, 2002**

**Please print all information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Home Club: \_\_\_\_\_ USFSA # \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Highest Test Passed: Free Skate \_\_\_\_\_ Date \_\_\_\_\_ Moves \_\_\_\_\_ Date \_\_\_\_\_

Dance \_\_\_\_\_ Date \_\_\_\_\_ Figures \_\_\_\_\_ Date \_\_\_\_\_

Pairs \_\_\_\_\_ Date \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Partner's USFSA # \_\_\_\_\_

(Partner is required to submit a separate entry form)

**CERTIFICATE OF ELEGIBILITY:** I CERTIFY THAT THE ABOVE NAMED SKATER IS A MEMBER IN GOOD STANDING OF THE USFSA CLUB INDICATED AND THAT THE TEST LEVEL INDICATED IS TRUE AND CORRECT.

**SIGNATURE:** \_\_\_\_\_ **TITLE** \_\_\_\_\_  
TEST CHAIRPERSON OR CLUB OFFICIAL

**CHECKLIST**

- Signatures
- Medical release form completed and enclosed
- Application completed and enclosed
- Program Ad enclosed
- Videotaping Registration form
- Entry Fee Check
- Practice Ice request (mailed separately)

**APPLICATIONS MUST BE POSTMARKED BY MIDNIGHT OCTOBER 1, 2002**

TOTAL FEES ENCLOSED: \_\_\_\_\_ (NO CASH PLEASE)

MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO:

**GARFIELD HEIGHTS FIGURE SKATING CLUB**

Mail Application and Payment to:

Joyce Lange

16022 Messenger Road

Burton, Ohio 44021

Competitor's Name \_\_\_\_\_ USFSA# \_\_\_\_\_

**CHECK EACH EVENT ENTERED**

Ladies \_\_\_\_\_ Men \_\_\_\_\_

BEGINNER	PRE-PRELIMINARY	PRELIMINARY	PRE-JUVENILE	ADULT PRE-BRONZE/ BRONZE
<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate A <input type="checkbox"/> 1:00 minute B <input type="checkbox"/> 1:30 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate 1:30 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate 1:30 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate 2:00 minutes	<input type="checkbox"/> Compulsory <input type="checkbox"/> Freeskate – PRE-BRONZE 1:40 minutes Max. <input type="checkbox"/> Freeskate – BRONZE 1:40 minutes Max.

**SOLO DANCE**

Ladies \_\_\_\_\_ Men \_\_\_\_\_

PRELIMINARY	PRE-JUVENILE	JUVENILE
<input type="checkbox"/> Canasta Tango <input type="checkbox"/> Dutch Waltz <input type="checkbox"/> Rhythm Blues	<input type="checkbox"/> Cha-Cha <input type="checkbox"/> Fiesta Tango <input type="checkbox"/> Swing Dance	<input type="checkbox"/> Hickory Hoedown <input type="checkbox"/> Willow Waltz <input type="checkbox"/> Ten Fox

**DANCE/PAIRS/ARTISTIC**

COUPLES DANCE	MIXED PAIRS	SIMILAR PAIRS	ARTISTIC
<input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Juvenile <input type="checkbox"/> Juvenile	<input type="checkbox"/> Preliminary <input type="checkbox"/> Juvenile	<input type="checkbox"/> Similar Pairs	<input type="checkbox"/> Beginner <input type="checkbox"/> Pre-Preliminary <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-Juvenile <input type="checkbox"/> Adult Pre-Bronze/Bronze

**ENTRY FEES:**

Single Events:

\$50.00 for the first single event  
 \$20.00 for the second single event  
 \$15.00 for each additional event

Pairs, Couples Events

\$50.00 per team for the first event  
 \$30.00 per team for the second event  
 Each Partner must complete an application.  
 Please return applications together.

Solo Dance Events

\$25.00 for the first solo dance event  
 \$15.00 for the second solo dance event  
 \$50.00 for all three events

**MEDICAL FORM  
RISING STAR'S COMPETITION  
NOVEMBER 8-10, 2002**

SKATER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S OR GUARDIAN'S BUSINESS PHONE : (\_\_\_\_) \_\_\_\_\_

*Insurance Information:*

NAME OF INSURED: \_\_\_\_\_ POLICY # \_\_\_\_\_

Person to contact in an emergency if parent or guardian cannot be reached:

Name: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Family Doctor (Used in an Emergency only)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Dentist (Used in an Emergency only)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Please list any known allergies or medical conditions that would be relevant in case of an emergency:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH YOUR APPLICATION; OTHERWISE  
SKATER WILL NOT BE PERMITTED ON THE ICE. THANK YOU!!!**

**WAIVER OF CLAIMS FOR INJURY**

I understand that the USFSA and the Garfield Height FSC or organizers of this competition undertake no responsibility for damages or injuries suffered by the competitors. In addition, the competitor and his/her parent(s) or guardian(s) agree to assume all risks of injury and loss of property resulting from, caused by or connected with, the conduct and management of this competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the Garfield Heights FSC and its officers.

SIGNATURE OF PARENT OR GUARDIAN  
OR COMPETITOR IF OVER AGE 18. \_\_\_\_\_



## PRACTICE ICE APPLICATION

### **PRACTICE ICE SESSIONS WILL BE ON THURSDAY, NOVEMBER 7, 2002 (11:00 AM - 5:30 PM.)**

Each practice ice session will be 30 minutes. Each skater will be limited to **THREE PRACTICE SESSIONS** for Freeskating programs. Practice session time is available for Compulsory events, however, you may skate Compulsory programs during the Freeskating practice if you so wish. NOTE: Freeskating programs will be played only once per Freeskate session.

Practice Ice will be assigned by groups whenever possible. Each practice session will be limited in the number of skaters on the ice. Practice Ice sessions will be scheduled for Dance and Pair Events if the number of entries warrant separate practice time.

All schedules for practice ice, as well as competition times will be forwarded to the participating club for posting at your respective rink. No individual schedules will be mailed to the skaters.

PLEASE CHECK THE APPROPRIATE LEVEL:

FEE PER SESSION: \$8.00

Beginner – Compulsory	Pre-Juvenile – Freeskate
Beginner – Freeskate	Adult Pre-Bronze/Bronze Compulsory
Pre-Preliminary – Compulsory	Adult Pre-Bronze/Bronze Freeskate
Pre-Preliminary – Freeskate	Solo Dance – Preliminary, Pre-Juvenile, Juvenile
Preliminary – Compulsory	Couples Dance - all levels (\$8.00 per competitor)
Preliminary – Freeskate	Mixed Pairs – Preliminary/Juvenile (\$8.00 per competitor)
Pre-Juvenile – Compulsory	Similar Pairs (\$8.00 per competitor)

NUMBER OF PRACTICE SESSIONS: \_\_\_\_\_ x \$8.00 PER SESSION TOTAL ENCLOSED \$ \_\_\_\_\_

NAME \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME CLUB: \_\_\_\_\_ COACH: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO: (NO CASH PLEASE!)**

**GARFIELD HEIGHTS FIGURE SKATING CLUB**

**AND MAIL WITH PRACTICE ICE APPLICATION TO:**

**Susan Taylor  
250 Newfield Circle  
Medina, Ohio 44256**

**For information on Practice Ice, contact Susan Taylor at (330)725-8531**

**RULES FOR VIDEOTAPING  
AND  
STILL PHOTOGRAPHY**

In order to ensure the safety of our skaters, protect the privacy of our skaters, and prevent improper commercial use of images of skaters:

1. All individuals using video or still camera equipment, must complete and submit upon entering the competition the registration form below.
2. Individuals must be prepared to produce photo identification upon request by Competition Officials.
3. Upon submission of the registration form below, you as the photographer, consent to being photographed, or videotaped by Competition Officials for purposes of identification.
4. After receipt of the registration form below you will be issued a photographer badge to be worn when taking photographs within the Competition building. **Remember: NO FLASH UNITS MAY BE USED IN THE RINK AREA.**
5. **TO EXPEDITE YOUR ENTRY INTO THE COMPETITION AREA WITH CAMERA EQUIPMENT, PLEASE COMPLETE THE REGISTRATION FORM BELOW PRIOR TO YOUR ARRIVAL.**
6. Any person who improperly uses an image of a skater for commercial use will be liable to the skater for applicable damages.

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**VIDEOGRAPHY AND STILL PHOTOGRAPHY REGISTRATION FORM**

Please print all information clearly:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

