

2004 RISING STARS COMPETITION

SANCTIONED BY U.S. FIGURE SKATING
HOSTED BY THE GARFIELD HEIGHTS FIGURE SKATING CLUB

DATES: NOVEMBER 12, 13, 14, 2004

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 US Figure Skating Rule Book.

ELIGIBILITY: This competition is a non-qualifying competition, open to all 2004 registered members of US Figure Skating. Skaters will compete at their **Freeskating** level as of **October 1, 2004**, or one level higher, **BUT NOT BOTH**. Skaters may not compete below their test level as of October 1, 2004.

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. Boys and Girls may compete together if the numbers warrant and at the discretion of the Referee. .

ENTRY FEES:

<u>Single Events:</u>	<u>Pairs, Couples Events</u>	<u>Solo Dance Events</u>
\$55.00 for the first single event	\$55.00 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	\$20.00 for the second solo dance event
\$15.00 for each additional event	Each Partner must complete an application. Please return applications together.	\$55.00 for all three events

THERE WILL BE A \$35.00 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, 2004**. **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. **Please Note: NO REFUNDS for any reason INCLUDING MEDICAL (except in the case of a death in the immediate family).** PLEASE MAIL SEPARATE CHECKS FOR ENTRY FEES AND PRACTICE ICE.

Mail Entry Application To:
Joyce Lange
16022 Messenger Road
Burton, Ohio 44021

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 11, 2004. See enclosed practice ice form. Rink size is 85' x185' with slightly rounded corners.

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 Cassettes or Compact disc only. NO TAPES LONGER THAN C-30's WILL BE PERMITTED. CD's should have only 1 track with the event music. All cassettes must be marked with name and event on the side to be played. CD's must be labeled with skaters name and event. Skaters should have a suitable emergency back-up cassette/CD 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.

EVENTS: All events will be final rounds. Medals will be awarded for first, second, and third place. Awards will be presented as soon as results are posted.

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.

VENDORS: Ledin Video will provide videotaping and photography services. No videotaping may be done at rink-side. No electricity is available for videotaping. Other vendors will be showcasing their products throughout 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 2004 Rising Stars competition, please contact:

CO-CHAIRPERSONS:	Joyce Lange	(440) 543-1672	Email: JALange81@aol.com
	Barbara Weinman	(440) 632-0377	Email: Cowcrazy79@aol.com

APPLICATIONS:	Joyce Lange	(440) 543-1672	Email: JALange81@aol.com
PRACTICE ICE:	Janet Lucas	(330) 908-0591	Email: gr8sk8.6@netzero.com

WEBSITE: www.clevelandskating.com

DIRECTIONS TO DAN KOSTEL RECREATION CENTER:

I-480-WEST	Exit at E. 98 th 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 th Street/Transportation Blvd. - Turn left onto Transportation Blvd.; turn left onto Antenucci Blvd. (1 st 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.

FREESKATING EVENTS WILL BE IN ACCORDANCE TO THE RULES SET FORTH IN THE CURRENT EDITION OF THE USFS RULEBOOK.

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. Salchow Jump 2. Upright scratch spin (minimum of 3 revolutions) 3. Waltz Jump 4. Forward Spiral 5. Half Flip or Half Lutz Jump
Pre-Preliminary	1 minute or less	1. Flip Jump 2. Split Jump 3. Combination Jump; any two single jumps with no steps or turns between (No Axel) 4. Sit Spin (minimum of 3 revolutions) 5. Forward Outside Spiral
Preliminary	1:15 minute or less	1. Single Jump of choice (Axel permitted) 2. Camel Spin (minimum of 3 revolutions in camel position) 3. Combination Jump; any two single jumps with no steps or turns between (may not repeat the single jump selected above) 4. Combination spin (no change of foot) 5. Straight Line or Diagonal Footwork
Pre-Juvenile	1:15 minutes or less	1. Axel Jump 2. Camel Spin (minimum of 3 revolutions in camel position) 3. Lutz-Loop Combination Jump; with no steps or turns between 4. Front to Back Scratch Spin (minimum of 4 rev. on each foot, exit on spinning foot) 5. Straight Line or Diagonal Footwork
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 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

CATEGORY	DANCES	BOTH PARTNERS
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

CATEGORY	DANCES	BOTH PARTNERS
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

CATEGORY	DANCES	BOTH PARTNERS
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

DANCES	LAST TEST LEVEL PASSED
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 the number of patterns to be skated.

PAIRS EVENTS:

MIXED PAIRS

SIMILAR PAIRS

CATEGORY	MINUTES	MUST HAVE PASSED	MINUTES	MUST HAVE PASSED
Preliminary	1:30	Preliminary, but not Juvenile Pair Test	1:30	No test required, but not Juvenile Free Skating Test
Juvenile	2:00	Juvenile, but not Intermediate Pair Test	2:00	Pre-Preliminary, but not Juvenile Free Skating Test

ARTISTIC

Eligibility by test level as described for FreeSkating 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

All artistic events are 1:30 Max; Beginner, Pre-Preliminary, Preliminary, Pre-Juvenile, Adult Pre-Bronze/Bronze

2004 RISING STAR'S COMPETITION

NOVEMBER 12-14, 2004

Please print all information

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: (____) _____ Home Club: _____ U.S. Figure Skating # _____

Coach's Signature: _____ Phone: (____) _____

Highest Test Passed: Free Skate _____ Date _____ Moves _____ Date _____

Dance _____ Date _____ Pairs _____ Date _____

Partner's Name: _____ Partner's USFS # _____

(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 U.S. FIGURE SKATING CLUB INDICATED AND THAT THE TEST LEVEL INDICATED IS TRUE AND CORRECT.

SIGNATURE: _____ **TITLE** _____
TEST CHAIRPERSON OR CLUB OFFICIAL

Please 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

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"/> 1:30; No Test to Juv. <input type="checkbox"/> 2:00, PrePre to Juv.	<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:

\$55.00 for the first single event
 \$20.00 for the second single event
 \$15.00 for each additional event

Pairs, Couples Events

\$55.00 per team for the first event
 \$30.00 per team for the second event
 Each Partner must complete an application.

Solo Dance Events

\$25.00 for the first solo dance event
 \$20.00 for the second solo dance event
 \$55.00 for all three events

Competitor's Name _____ U.S. FIGURE SKATING # _____

TOTAL FEES FROM PAGE 1 - 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

**THE FOLLOWING RELEASE AND AUTHORIZATION MUST BE COMPLETED
IN ORDER FOR YOUR APPLICATION TO BE PROCESSED:**

I understand that U.S. Figure Skating and the Garfield Height Figure Skating Club, the organizers of this competition, the City of Garfield Heights Recreation Department, the City of Garfield Heights, their appointees and employees undertake no responsibility for damages or injuries suffered by the competitor. As a condition of, and in consideration of acceptance of the skater's entries or participation therein, all entrants, their parents/guardians and officials shall be deemed 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, U.S. Figure Skating, the Garfield Heights Figure Skating Club and its officers and their entries shall be accepted only on such condition.

Skater's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event I am unavailable, I hereby give permission for any emergency medical treatment for _____ (please print full legal name of skater) to the direction of the Chairpersons of this competition. I understand that these Chairpersons have no formal medical background but will seek appropriate care and treatment. I, the undersigned, will assume and take sole responsibility for all financial obligations arising out of the treatment of the above named individual.

I, the undersigned, will hold U.S. Figure Skating, the Garfield Heights Figure Skating Club, the organizers, the City of Garfield Heights Recreation Department, the City of Garfield Heights, and their appointees and employees harmless from any claim rising out of any aid afforded the above named individual. I further indemnify all above mentioned parties from any claims and other parties might have with regards to aid provided to the above named individual.

Skater's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

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

Name: _____ Relationship: _____ Phone: _____

Skater's Physician's Name _____ Phone: _____

Skater's Dentist's Name _____ Phone: _____

Emergency medical information (allergies, pre-existing conditions, allergic to other medicines: _____

Name of Insurance Company _____ Name of Insured _____ Policy# _____

PRACTICE ICE APPLICATION

PRACTICE ICE SESSIONS WILL BE ON THURSDAY, NOVEMBER 11, 2004 (2:45 PM – 5:45 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 numbers 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: \$9.00

<input type="checkbox"/>	Beginner – Compulsory	<input type="checkbox"/>	Pre-Juvenile – Freeskate
<input type="checkbox"/>	Beginner – Freeskate	<input type="checkbox"/>	Adult Pre-Bronze/Bronze Compulsory
<input type="checkbox"/>	Pre-Preliminary – Compulsory	<input type="checkbox"/>	Adult Pre-Bronze/Bronze Freeskate
<input type="checkbox"/>	Pre-Preliminary – Freeskate	<input type="checkbox"/>	Solo Dance – Preliminary, Pre-Juvenile, Juvenile
<input type="checkbox"/>	Preliminary – Compulsory	<input type="checkbox"/>	Couples Dance - all levels (\$8.00 per competitor)
<input type="checkbox"/>	Preliminary – Freeskate	<input type="checkbox"/>	Mixed Pairs – Preliminary/Juvenile (\$8.00 per competitor)
<input type="checkbox"/>	Pre-Juvenile – Compulsory	<input type="checkbox"/>	Similar Pairs (\$8.00 per competitor)

NUMBER OF PRACTICE SESSIONS: _____ x \$9.00 PER SESSION TOTAL ENCLOSED \$ _____

NAME _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME CLUB: _____ COACH: _____ PHONE: (____) _____

PLEASE MAKE CHECK (No Cash, Please) PAYABLE TO:

GARFIELD HEIGHTS FIGURE SKATING CLUB

AND MAIL WITH PRACTICE ICE APPLICATION TO:

**Janet Lucas
640 Timbercreek Road
Sagamore Hills, OH 44067**

For information on Practice Ice, contact Janet Lucas at (330) 908-0591 or email at gr8sk8.6@netzero.com

2004 RISING STARS MANEUVER TEAM COMPETITION (NOVEMBER 12-14, 2004)

A figure skating club may enter two teams in Pre-Preliminary, Preliminary, and Pre-Juvenile Competition for a maximum of six teams per club. Skaters may only skate for their home club. BOTH BOYS AND GIRLS MAY SKATE ON ONE TEAM. There are five members per team with one maneuver being performed by each member. Should a skater be unable to compete due to illness or injury, a teammate may do his maneuver with proper notice to the referee of this event. **There must be a minimum of four (4) skaters to compete as a team** (5 is still the number that should sign up.) **No one skater may perform more than one jump or spin. A SKATER MAY SKATE ON ONE TEAM ONLY.** No award points will be given for maneuver team placements. Members of previous winning teams need not compete at a higher level.

Pre-Preliminary Team	Preliminary Team	Pre-Juvenile Team
Passed no test higher than Pre-Preliminary Free-Skating Test	Passed no test higher than Preliminary Free Skating Test	Passed no test higher than Pre-Juvenile Free Skating Test
1. Waltz Jump	1. Flip	1. Loop
2. Salchow	2. Forward Spiral	2. Camel Spin
3. One Foot Spin	3. Back Scratch Spin	3. Lutz
4. Toe Loop	4. Lutz	4. Flip/Toe-Loop Jump Combination
5. ½ Flip	5. Salchow/Toe-Loop Jump Combination	5. Front Scratch to Back Scratch Spin

Each Team is to name a Team Leader through whom any communication with the team may be handled. Team Applications must be submitted on a separate application. Each team must have a sign 28" x 12" which includes the Club name and Team #.

Example:	Garfield Heights FSC Preliminary Team 1	Garfield Heights FSC Preliminary Team 2
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MANEUVER TEAM APPLICATION

Team Name _____ Team Number _____ Home Club _____

SKATER'S NAME	USFSA#	HIGHEST FREESKATE TEST PASSED
1.		
2.		
3.		
4.		
5.		

ENTRY FEE

Per Skater (if only event): **\$15.00** Per Skater (If additional event): **\$10.00**

Make check payable (no cash) to "Garfield Heights Figure Skating Club"
Mail Application, Medical Form, and Payment to:

**Joyce Lange
16022 Messenger Road
Burton, Ohio 44021**

Each skater must include a separate medical release form. Application must be postmarked by midnight OCTOBER 1, 2004.

PLEASE NOTE: This event is subject to cancellation by the referee if competition does not have enough time for the event to take place.