

**SKATE MIDLAND COMPETITION  
November 12, 2005**

**Entry Form (please print)**

Name \_\_\_\_\_ Age \_\_\_\_ M or F \_\_\_\_ Club \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ USFS/CFS# \_\_\_\_\_

Coach's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Club \_\_\_\_\_

Highest Level Passed: Basic 8 \_\_\_\_\_ Basic Free Skating \_\_\_\_\_ USFS Free Skating \_\_\_\_\_

**SELECT EVENTS & PRACTICE ICE**

*To select, check box to left of events and practice ice times*

	<b>Basic 8 Elements</b>	<b>Compulsory Programs</b>	<b>Freeskate Programs*</b>	<b>Basic Programs*</b>	<b>Practice Ice</b>
	Snowplow Sam	Freeskate 1	Freeskate 1	Snowplow Sam	8:00-8:20A
	Hockey	Freeskate 2	Freeskate 2	Basic A	8:20-8:40A
	Basic 1	Freeskate 3	Freeskate 3	Basic B	8:40-9:00A
	Basic 2	Freeskate 4	Freeskate 4	Basic C	
	Basic 3	Freeskate 5	Freeskate 5	Basic D	12:10-12:30P
	Basic 4	Freeskate 6	Freeskate 6		12:30-12:50P
	Basic 5				
	Basic 6	Beginner	Ltd Beginner	<b>Artistic Showcase*</b>	
	Basic 7	PrePreliminary	Beginner	Beginner	
	Basic 8	Preliminary	Pre-Prelim A	PrePreliminary	
			Pre-Prelim B	Preliminary	
		<b>Spins</b>	Preliminary		
		Beginner			
		Pre-Preliminary			
		Preliminary			

\* *With music*

**COMPETITION FEES**

*Fee is \$35 for first event & \$20 per each additional event.*

Practice Ice \$ \_\_\_\_\_ (number of practice sessions times \$10 per session)  
 First Event \$ \_\_\_\_\_  
 Additional Event \$ \_\_\_\_\_  
 Additional Event \$ \_\_\_\_\_  
 Additional Event \$ \_\_\_\_\_  
 Late fee (\$20) \$ \_\_\_\_\_ (postmarked after October 15<sup>th</sup>)  
**Total:** \$ \_\_\_\_\_

***The completed entry form & certification, with fees, must be postmarked no later than October 15, 2005.***

Enclose check or money order payable to *Midland FSC* and mail to:  
 Eline Morabito, Skate Midland Competition, 1801 Brookfield Dr, Midland MI 48642

ENTRY FEES ARE NOT REFUNDABLE AFTER THE ENTRY DEADLINE  
UNLESS AN EVENT IS CANCELED

**SKATE MIDLAND COMPETITION**  
**November 12, 2005**  
**CERTIFICATION**

**By Club Officer or Program Director:**

The competitor is a USFS Club or ISI member in good standing or is a Basic Skills skater, and is eligible to enter the events selected.

Name of Club Officer \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**By Coach or Instructor:**

I have reviewed and approve the entry of this skater in the indicated events.

Signature \_\_\_\_\_ Date \_\_\_\_\_ USFS # \_\_\_\_\_

**By Competitor and Parent/Guardian**

It is agreed that the competitor and family holds the Skate Midland Competition/Midland FSC/Midland Civic Arena harmless from any and all liability either during practice or the competition, and from any and all liability for damages to or loss of property. The skater agrees to abide by the USFS Code of Conduct.

\_\_\_\_\_  
Skater's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature (if skater is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**In Case of Emergency**

I hereby grant permission to the representatives of the Midland Figure Skating Club/Skate Midland Competition to administer or seek medical attention for my child, in the case of my absence, or for myself if I am unable to communicate my wishes.

Skater's Signature (if over the age of 18) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if skater is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Relevant Medical Information\_(allergies, pre-existing conditions, etc.) \_\_\_\_\_

Skater's Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Name of Insured \_\_\_\_\_