

## Hosted by the Onyx-Suburban Skating Academy

## August 21 - 23, 2009

Please print neatly so that we may correctly record all necessary information for you.

Last Name:		First Name:					Sex: F M	
Birth Date: →A	ge (as of 7/11/09)			FS/Ska	teCanada#			
Address:		City:				State:	Zip:	
Phone: Daytime ( )		l	I	Evening	( )			
EMAIL (this will be our primary method of	contacting you)		I	Home C	lub (no abbreviatio	ons):		
IMPORTANTHighest Test Passed:	Free Skate	Date Pass	sed(m/y	y)	<i>OR</i> No USFS I	Free Skate T	Test Passed	
Free Skate- IJS Events	Free Skate (6.0)		Comp	oulsory P	rograms	Basic Prog	gram Events	
[ ] Senior -IJS	[ ] Senior TT		[ ] Op	oen Juver	nile SP	[ ] Basic 8		
[ ] Junior -IJS	[ ] Junior TT		[ ] Pro	e Juvenil	e CM	[] Basic 7		
[ ] Novice -IJS	[ ] Novice TT		[ ] Pro	eliminary	<sup>'</sup> CM	[ ] Basic 6		
[ ] Intermediate -IJS	[ ] Intermediate TT	7	[ ] Pro	ePrelimir	nary CM	[ ] Basic 5		
[ ] Juvenile -IJS	[ ] Juvenile TT		[ ] Hi	gh Begin	ner CM	[ ] Basic 4		
	[ ] Open Juvenile		[ ] Lo	w Begin	ner CM	[ ] Basic 3		
Short Program-IJS Events	[ ] Pre Juvenile					[ ] Basic 2		
[ ] Senior -IJS	[ ] Preliminary		Spins			[ ] Basic 1		
Junior -IJS	[ ] Preliminary LTI	)	_		Open Juvenile			
Novice -IJS	[ ] PrePreliminary			e Juvenil				
[ ] Intermediate -IJS	[ ] PrePreliminary I	LTD		eliminary				
Juvenile -IJS	No Test							
	[ ] High Beginner							
	[ ] Low Beginner							
First IJS Event	ch event at USFSonline.o	-	-		Entry form includ			
First 6.0 Event	••••••	\$ 85.	.00	v	Certification signed by Club Officer, Athlete, Parent/Guardian, and Coach			
Each Additional 6.0 Event			\$ 35.0	00 _	•	o "Onyx-Sul	burban SA" (US	
Low Beginner - PreJuvenile Compu	lsory <u>as only event</u>		\$ 45.	00	Funds only)			
Basic Program Events			\$ 55.	00	PPCS submitted (IJS events only)	online at <u>wv</u>	ww.USFSonline.or	<u>g</u>
All skaters will receive a L	OVD of each of thei	ir events as ou	ur gift.			rn envelope		
Include \$25 late fee Make checks payable to "On								

**ENTRY MUST BE POSTMARKED BY JULY 11, 2009** 

Mail to: OFSC 2009 c/o Tami Blaszkowski 14569 Royal Drive Sterling Heights, MI 48312



	fication of Competitor by Club Officer his application are true and correct. The contestant is a member of my club and in good SkateCanada.
Name of Club Officer	Title
Signature	Date Phone ()
	Coach's Certification  mpetitor is eligible to enter the events selected. I understand that any change made to a equire an additional administrative fee of \$30 from the skater.
Printed Name	Signature
Address	USFS/SkateCanada#
City	State Zip
	Phone
Certification by Athlete and Pare	ent/Guardian & Authorization for Emergency Medical Treatment
and upon the sport of figure skating, and that is coothers, and in the event I cause injury, damage, or Competition Committee, the Onyx-Suburban Skar committees, representatives, employees, and agen	yself, both on and off the ice, in a manner that will reflect favorable upon this competition onsistent with the high standards of the sport. I agree to respect the person and property of loss to another or to the property of another, I hereby indemnify the USFS, the local ting Academy, and the Onyx-Rochester Ice Arena, their officers, directors, members, its, and to hold them harmless against any and all claims that another person may have or ss, together with any reasonable costs and attorney's fees that may be incurred as result of
or injuries, or loss of property suffered by the comparticipation therein, all entrants, their parents and person and property resulting from, caused by or of	skating Academy or organizers of this competition undertake no responsibility for damages appetitors. As a condition of and in consideration of the acceptance of their entries or diguardians and officials shall be deemed to agree to assume all risks of injury to their connected with, the conduct and management of the competition, and to waive and release my officials, USFS, organizers of the competition, the Onyx-Suburban Skating Academy I only on such condition (Rule 3222).
medical treatment and further authorize and conse diagnosis, and/or examination of (myself)(my son	of age) or (my son/daughter) am unavailable, I hereby give permission for any emergency ent to the release of any pertinent medical information and records regarding the treatment, a/daughter) to the medical committee of the competition for which I am entered by the

physician representative of the medical committee of the sanctioned competition in which (I) (my son/daughter) is entered.

## I understand and agree to the following:

- Any entry not postmarked on or before July 11, 2009 will be considered late and will be accepted only if space allows and will require a \$25 late fee - no exceptions.
- No refunds after July 11, 2009 for any reason, including medical, unless event is cancelled due to lack of entries. There will be absolutely no exceptions.
- Any change to skating level or event after deadline will require payment of a \$20 administrative fee.
- Any check returned by the bank for any reason will be charged a \$30 administrative fee.
- Any and all additional fees assessed must be paid at the time of registration and must be paid by cash or money order before skater will be allowed to register for their event(s).

