



North Jersey Figure Skating Club Test Application 2017-2018

Please Complete BOTH Sides of This Form

Completed application and test fees ***MUST BE RECEIVED THREE WEEKS BEFORE THE TEST DATE*** or the test will not be scheduled. Please mail this application to the Test Chairperson listed on the back.
Candidate must be a member of the USFS ONE MONTH BEFORE SCHEDULED TEST.

PART 1: WHO YOU ARE

Candidate's Name: _____ USFS No: _____

Address: _____ City _____ State _____ Zip _____

Phone No. with area code: (_____) _____ Email _____

Club through which your USFSA Number* is registered: _____ Age if under 18: _____

*If your home club is not the NJFSC, a letter of permission from your test chairperson must accompany application.

NJFSC Member? _____ Where do you wish to test? Ice Vault Floyd Hall Fritz Dietl Skylands Staten Island TEST DATE: _____ / _____ / _____

PART 2: THE TESTS YOU WILL TAKE

Moves and Free Skating Tests**			Dance Tests					
<u>Guest fee for non-NJFSC members</u>\$35.00			<u>Guest fee for non NJFSC members</u> \$35.00					
ADULT MOVES	MOVES IN THE FIELD	FREE SKATING TEST	[] ADULT TEST [] MASTERS TEST [] SOLO TEST					
Place checkmark in appropriate categories			Circle dances to be taken					
___ Adult Pre-Bronze. \$35	___ Pre-Prelim..... \$30	___ Pre-Prelim..... \$30	Preliminary..... \$30 ea.	DW	CT	RB		
___ Adult Bronze..... 40	___ Prelim..... 35	___ Prelim..... 35	Pre-Bronze..... 35 ea.	SD	CC	FIT		
___ Adult Silver..... 50	___ Pre-Juvenile..... 40	___ Pre-Juvenile..... 40	Bronze..... 40 ea.	HH	WIW	TF		
___ Adult Gold..... 70	___ Juvenile..... 45	___ Juvenile..... 45	Pre-Silver..... 45 ea.	14S	EW	FT		
ADULT FREE SKATING TEST	___ Intermediate..... 50*	___ Intermediate..... 50	Silver..... 50 ea.	AW	T	RF		
___ Pre-Bronze..... \$35	___ Novice..... 70*	___ Novice..... 55	Pre-Gold..... 60 ea.	PD	K	BL	SW	
___ Bronze..... 40	___ Junior..... 75*	___ Junior..... 60	Gold..... 70 ea.	VW	WW	QS	AT	
___ Silver..... 50	___ Senior..... 80*	___ Senior..... 70	Internationals..... 95 ea.	R	MB	AUS	FS	CON
___ Gold..... 60			Indicate the level this test completes:					
*NOTE: AS OF 9/2/10 INTERMEDIATE THROUGH SENIOR MIF, PLEASE INDICATE:			___ Pre ___ Pre-Bronze ___ Bronze ___ Pre-Silver					
[] STANDARD TEST [] ADULT TEST [] MASTER'S TEST			___ Silver ___ Pre-Gold ___ Gold ___ International					
ADULT PAIR TEST (each candidate)	PAIR TEST (each candidate)	FREE DANCE TEST						
___ Bronze..... \$35	___ Pre-Juvenile..... \$30	___ Juvenile..... \$35						
___ Silver..... 50	___ Juvenile..... 35	___ Intermediate..... 45						
___ Gold..... 60	___ Intermediate..... 45	___ Novice..... 50						
	___ Novice..... 50	___ Junior..... 60						
	___ Junior..... 60	___ Senior..... 70						
	___ Senior..... 70							

Revised June, 2017

PART 3: YOUR FEES

Hospitality Fee	\$ 15.00
Test Fees	\$ _____
Guest Fees	\$ _____
Paper application	\$ 10.00
Total Fees	\$ _____

Please make checks payable to **North Jersey Figure Skating Club, Inc.**

Please Note: A \$40 fee will be charged for all checks returned by the bank for **any** reason. Applications may be withdrawn 20 days in advance of the test.

Test fees this season are **not refundable**.

Part 4: NAMES AND SIGNATURES

Teaching Professional (please print): _____ Phone () - _____

Signature of _____ **Teaching** _____ **Professional:** _____

_____ **Email of Teaching Professional:** _____

_____ **Teaching Professional US Skating Number (MUST comply with US Skating Approved Coach Rules):** _____

Part 5: SKATER SIGNATURES AND RELEASE

In submitting this form, I do hereby for myself (or as legal guardian), my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for or to be, for which I may have or which may thereafter accrue to me against the United States Figure Skating Association, The North Jersey Figure Skating Club, Inc., its officers, board members, partner Ice Rinks and volunteers, and/or any person connected with individually or collectively, from all responsibilities for any injury and/or death to person or property. I understand that Skating is hazardous and assume the risk of injury or death.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

PLEASE NOTE THE FOLLOWING

1. APPLICATIONS WILL **NOT** BE ACCEPTED VIA FAX, OR VIA E MAIL.
2. APPLICATIONS WILL **NOT** BE PROCESSED WITHOUT AN ACCOMPANYING CHECK
3. APPLICATIONS WILL **NOT** BE PROCESSED WITHOUT YOUR PRO'S SIGNATURE AND/OR PERMISSION SLIP FROM YOUR HOME CLUB.

NO CHANGES WILL BE MADE AFTER THE POSTING OF TEST SCHEDULES!

Mail this form with accompanying check to the appropriate chairperson.

Ms. Kathie Imperatore
613 Sloat Place
River Vale, NJ 07675
Kathieim@optonline.net

201-358-2643, FAX:201-690-9012

Test Schedule is posted to www.northjerseyfsc.org