



North Jersey Figure Skating Club Test Application

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	___ Junior75*	___ 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				SAM	YP	RW	TR	GW
*NOTE: AS OF 9/2/10 INTERMEDIATE THROUGH SENIOR MIF, PLEASE INDICATE:			Indicate the level this test completes:					
[] STANDARD TEST [] ADULT TEST [] MASTER'S TEST			___ Pre	___ Pre-Bronze	___ Bronze	___ Pre-Silver		
			___ Silver	___ Pre-Gold	___ Gold	___ International		
ADULT PAIR TEST (each candidate)	PAIR TEST (each candidate)							
___ Bronze.....\$35	___ Preliminary \$30							
___ Silver..... 50	___ Juvenile..... 35							
___ Gold 60	___ Intermediate 45							
	___ Novice..... 50							
	___ Junior 60							
	___ Senior..... 70							
			FREE DANCE TEST					
			___ Juvenile \$35					
			___ Intermediate..... 45					
			___ Novice..... 50					
			___ Junior 60					
			___ Senior 70					

PART 3: YOUR FEES

Hospitality Fee	\$	10.00
Test Fees	\$	_____
Guest Fees	\$	_____
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