



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 USFSA ONE MONTH BEFORE SCHEDULED TEST.

PART 1: WHO YOU ARE

Candidate's Name: _____ USFSA 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 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	<input type="checkbox"/> ADULT TEST	<input type="checkbox"/> MASTERS TEST	<input type="checkbox"/> SOLO TEST
Place checkmark in appropriate categories			Circle dances to be taken		
___ Adult Pre-Bronze \$35	___ Pre-Prelim.....\$25	___ Pre-Prelim.....\$25	Preliminary.....\$25 ea.	DW	CT
___ Adult Bronze 40	___ Prelim..... 30	___ Prelim..... 30	Pre-Bronze..... 30 ea.	SD	CC
___ Adult Silver..... 50	___ Pre-Juvenile..... 35	___ Pre-Juvenile..... 35	Bronze..... 35 ea.	HH	WIW
___ Adult Gold 70	___ Juvenile..... 40	___ Juvenile..... 40	Pre-Silver 40 ea.	14S	EW
ADULT FREE SKATING TEST	___ Intermediate.....45*	___ Intermediate..... 45	Silver 45 ea.	AW	T
___ Pre-Bronze..... \$35	___ Novice.....70*	___ Novice..... 50	Pre-Gold..... 60 ea.	PD	K
___ Bronze 40	___ Junior75*	___ Junior 60	Gold 70 ea.	VW	WW
___ Silver..... 50	___ Senior.....80*	___ Senior..... 70	Internationals 95 ea.	R	MB
___ Gold 60				AUS	FS
*NOTE: AS OF 9/2/10 INTERMEDIATE THROUGH SENIOR MIF, PLEASE INDICATE:			Indicate the level this test completes:		
<input type="checkbox"/> STANDARD TEST <input type="checkbox"/> ADULT TEST <input type="checkbox"/> MASTER'S TEST			___ Pre	___ Pre-Bronze	___ Bronze
			___ Silver	___ Pre-Gold	___ Gold
			___ Pre-Silver	___ International	
ADULT PAIR TEST (each candidate)	PAIR TEST (each candidate)	FREE DANCE TEST			
___ Bronze\$35	___ Preliminary \$25	___ Juvenile\$35	___ Juvenile\$35		
___ Silver 50	___ Juvenile..... 35	___ Intermediate..... 45	___ Intermediate..... 45		
___ Gold 60	___ Intermediate..... 45	___ Novice..... 50	___ Novice..... 50		
	___ Novice..... 50	___ Junior 60	___ Junior 60		
	___ Junior 60	___ Senior..... 70	___ Senior 70		
	___ Senior..... 70				

PART 3: YOUR FEES

Hospitality Fee \$ 5.00
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