



PERMISSION TO AUDITION

Please complete this form and give it to your coach
by March 31, 2007



You must complete this form, turn it in to coach to be signed and returned to you before auditions on April 19. This form gives your skater permission to attend an audition **different** from the team (s)he skated this season.

Skater's Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ cell phone: () _____

Email address: _____

Private Instructor: _____

Amount of Individual Skating Time (per week)

Group Class: _____(hrs) Private Lessons: _____(hrs) Practice: _____(hrs)

Highest Tests Passed:

ISI Freestyle: _____ USFS Freestyle: _____

USFS Moves: _____ USFS Dance: _____

Prior Synchro Team(s) and Season(s) performed: _____

Rink: _____ Synchro Team Coach: _____

I have permission to audition for the _____ Synchro team.

Current Synchro Team Coach Signature: _____

I, _____, understand the following: --Skaters will be placed on teams based on their skating abilities, strength, maturity, age, attitude and team skating experience. --Skaters will be placed on any team at the discretion of the team coaches. --Attending evaluations does not guarantee a place on a Synchro St. Louis – Metro Edge team. --Skaters may be removed from the audition session at any point if the coaches feel safety is a concern for that skater or for the safety of others.

Skater Signature: _____ Date: _____

Parent Signature: _____ Date: _____