



2008-2009

## PSC Ice Crystals Theatre on Ice Team Application 2008-2009 Season

If you are interested in joining the PSC Ice Crystals TOI National Team, please complete this application and fax it to FAX# 510-770-8649, or turn it in at our annual audition. Upon review of your application, a team representative will contact you for a meeting and audition date.

***(Please Print)***

1. Skater's Name: \_\_\_\_\_
  
2. Skater's Street Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_
  
3. Skater's Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Alt. Contact Number: (\_\_\_\_\_) \_\_\_\_\_
  
4. Skater's Date of Birth: \_\_\_\_\_ Skater's Grade in School \_\_\_\_\_
  
5. Name of Parent / Guardian (if skater is under 18):  
\_\_\_\_\_
  
6. Parent / Guardian Address (If different from skater)  
\_\_\_\_\_
  
7. Parent / Guardian Contact Info: Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Mobile / Pager: (\_\_\_\_\_) \_\_\_\_\_  
Frequently Checked Parent E-mail Address: \_\_\_\_\_  
Frequently Checked Skater E-mail Address: \_\_\_\_\_
  
8. Skater's US Figure Skating (USFSA) Membership # \_\_\_\_\_  
*(Please provide copy of membership card)*  
Club Affiliation \_\_\_\_\_ PSC Member \_\_\_\_\_  
ISI# \_\_\_\_\_
  
9. Name of Primary Coach \_\_\_\_\_  
Coach's Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Coach's E-Mail: \_\_\_\_\_
  
10. Highest USFSA Test Passed: MIF \_\_\_\_\_  
Freestyle \_\_\_\_\_  
Pairs \_\_\_\_\_  
Dance \_\_\_\_\_



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11. At what level are you currently competing?

Singles Freeskate: \_\_\_\_\_ Singles Artistic: \_\_\_\_\_

Pairs: \_\_\_\_\_ Dance: \_\_\_\_\_

12. Check off Jumps that are landed Cleanly and Consistently

	<u>Single</u>	<u>Double</u>	<u>Triple</u>
Waltz Jump			
1/2 jumps			
Salchow			
Loop			
Toe Loop			
Flip			
Lutz			
Axel			

13. Do you have pair skating, ice dancing, synchronized skating, theatre on ice, dance, performance, or drama experience?

**YES / NO**

If Yes, Please describe:

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14. Why would you like to be part of our Theatre on Ice Team?

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15. Do you have any medical conditions and/or allergies that the coaching staff needs to be aware of?

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**16.** If accepted onto the team, it is expected that all test requirements, along with all other team requirements, including codes of conduct will be fulfilled. Team members not meeting the test requirements are ineligible for competition, and will be placed as an alternate until all requirements are met.

I understand my obligation to fulfill all testing requirements and will do so.

**Request for review of Application:**

I \_\_\_\_\_, request that the PSC Ice Crystals Theatre on Ice Team review my application to become a member of the team. If I am accepted onto the team, I will abide by all team rules, regulations, and requirements.

Skater's Signature: \_\_\_\_\_

Skater's Name (please print) : \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Name (please print) : \_\_\_\_\_

Date: \_\_\_\_\_

Primary Individual Coach Signature: \_\_\_\_\_ *(recommended)*

Date: \_\_\_\_\_

Please fax this completed application to **FAX # 510-770-8649**.

*If you have any questions, please contact our Team Manager, Kim Golding by phone at 510-676-5585 –or email at [Info@icecrystals.org](mailto:Info@icecrystals.org).*