



PSC Ice Crystals Theatre on Ice Team Application

2009-2010 Season

If you are interested in joining the PSC Ice Crystals TOI Team, we appreciate having your contact and a little background information. Please complete this application and email it to kim.golding@icecrystals.org, 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.

(Please Print)

1. Skater's Name: _____

2. Skater's Mailing Address: _____
City and Zip Code: _____

3. Skater's Home Phone: (_____) _____
Mobile Phone Number: (_____) _____ (if available)

4. Skater's Date of Birth: ____/____/____ Skater's Grade in School _____

5. Name of Parent / Guardian (if skater is under 18):
. _____

6. Parent / Guardian Contact Info:

Home Phone: (_____) _____

Work Phone: (_____) _____

Mobile/Pager: (_____) _____

Parent E-mail Address: _____ (frequently checked)

Skater E-mail Address: _____ (frequently checked)

7. Skater's US Figure Skating (USFSA) & (ISI) Information - *if available*

USFSA Membership # _____

Primary Club Affiliation _____

Current PSC Member? Yes No (PSC - Peninsula Skating Club)

ISI Membership # _____

Highest ISI Test Passed _____

8. Name of Primary Coach _____

Coach's Phone Number (_____) _____

Coach's E-Mail: _____

9. Highest USFSA Test Passed: (Indicate level or mark "no test" is no test has been taken yet)

Moves in the Field _____ or no test taken

Freestyle _____ or no test taken

Pairs _____ or no test taken

Dance _____ or no test taken



10. Do you currently compete in USFSA or ISI competitions? If so, at what level?

Singles Freeskate: _____ Pairs: _____

Singles Artistic: _____ Dance: _____

Synchro: _____

11. Check off your current 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			

12. Speciality Moves: Please list any speciality skating moves you can execute consistently: (*ie: Ina Bauer, Spread Eagle, Biellmann spin, Hydroplane, etc.*)

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

YES NO

If Yes, Please describe:

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



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

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 USFSA competition, and will be placed as an USFSA competition alternate until all requirements are met.

****Please note: All skaters are eligible for ISI Competition and exhibitions.**

I understand my obligation, and agree to fulfill all required testing.

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: _____ Date: _____

Name (please print): _____

Parent's Signature: _____ Date: _____

Name (please print): _____

Primary Individual Coach Signature: _____
(recommended *)

Date: _____

****Our skating director will work with your individual coach to develop a skating plan for you and your involvement in the team.***

Please return this completed application to:
email : kim.golding@icecrystals.org or FAX # 510-770-8649.

If you have any questions, please contact our Skating Director, Stephanie Gathwright at 408-464-5433 , – or by email at gathwright@aol.com.