

Northern Blades National Sports Center FSC

US Figure Skating Test Application

Name _____ USFS# _____ Phone _____

Address _____ City _____ Zip _____

Home Club _____

E-mail: _____

Coach's Signature _____ Coach Phone: _____

Coach E-mail (to receive test schedule): _____

*I understand that skating is an activity in which injuries including permanent disability, paralysis, and death may occur. I assume all risks and hazards associated with my or my child's participation in this test session. I HEREBY RELEASE, DISCHARGE, CONVENT NOT TO SUE, and HOLD HARMLESS Northern Blades NSC FSC and National Sport Center and it's representatives. **Printed Parent Name** _____

Skater (or Parent if under 18) Signature* _____ **Date** _____

Circle test to be taken and the appropriate fee:

Test	Moves Member	Moves Assoc Mbr	Moves Non-Member	Free Skate Member	Free Skate Assoc Mbr	Free Skate Non-Member
Pre-Preliminary	\$25	\$35	\$45	\$25	\$35	\$45
Preliminary	\$30	\$40	\$50	\$30	\$40	\$50
Pre-Juvenile	\$35	\$45	\$55	\$35	\$45	\$55
Juvenile	\$40	\$50	\$60	\$40	\$50	\$60
Intermediate	\$45	\$55	\$65	\$45	\$55	\$65
Novice	\$50	\$60	\$70	\$50	\$60	\$70
Junior	\$55	\$65	\$75	\$55	\$65	\$75
Senior	\$60	\$70	\$80	\$60	\$70	\$80
Adult Pre-Bronze	\$25	\$35	\$45	\$25	\$35	\$45
Adult Bronze	\$30	\$40	\$50	\$30	\$40	\$50
Adult Silver	\$50	\$60	\$70	\$50	\$60	\$70
Adult Gold	\$60	\$70	\$80	\$60	\$70	\$80

Hospitality Fee \$ 3.00

Total Fees from above (make checks payable to NB NSC FSC) \$ _____

- This application must be postmarked or deposited in club mailbox at NSC 14 days prior to the test session.
- If taking a Freestyle test dependent on passing a MIF test on this same day, please write 2 checks, 1 for each test.
- You must be a member in good standing in order to test. If Northern Blades NSC FSC is not your home club, you must include a "Permission to Test" form signed by your club's test chair with your application. If the session is full, preference will be given to NB NSC FSC club members.
- Cancellations within 2 days of the test session will not be refunded unless approved by the test chair.

Mail application to:

Renee Hirt
15532 Avocet St. NW
Andover, MN 55304

Home: (763) 413-7041
Cell: (763) 486-7775
E-mail: reneh55304@yahoo.com

Website: www.northernblades.org