

LOC Use Only:

Check # _____ Amount _____

Online Entry Available at www.stmoritzisc.org

2010 SKATE ST. MORITZ COMPETITION ENTRY FORM (revised)

Sanctioned by U.S. Figure Skating

Hosted by the St. Moritz ISC

PLEASE PRINT CLEARLY

REQUIRED Information

The information below is necessary for processing your application and *must* be filled out *completely*. Incomplete applications may be returned.

Name of Entrant _____ Gender (circle one) M F

Partner's Name _____ for Pairs & Dance [including Pro-Am]

Birthdate ____/____/____ Home Club _____

U.S. Figure Skating # _____ (Write "pending" if your number has not been assigned yet)

Parent/Guardian Name _____

E-Mail (If none, please write "none") _____

Telephone (____) _____ Coach's Name _____

Highest Test Level Passed

MIF: _____ Pairs: _____

FS: _____ Dance: _____

Additional Requested Information:

Entrant's Address _____

City _____ State _____ Zip _____

Coach's Telephone (____) _____

Coach's E-Mail _____

CLUB CERTIFICATION (Required)

I hereby approve the entry of the contestant and certify that he/she: Is a member of my club in good standing; to the best of my knowledge, is eligible to enter the specified event; is eligible in accordance with rules of U.S. Figure Skating; and is following a standard and complete educational program in full compliance with the contestant's home state.

Club Official - Print Name _____ Title _____

Signature _____ Date _____

ENTRIES MUST BE RECEIVED AND SENT WITH APPROPRIATE FEES BY CHECK OR MONEY ORDER, PAYABLE TO SKATE ST. MORITZ, NO LATER THAN AUGUST 2, 2010. [Entries received after this date must be accompanied by a \$30.00 late fee]. PLEASE MAIL ALL REQUIRED FORMS/FEES TO:

Skate St. Moritz / Attn: Laurie Fong / 126 Fiesta Circle / Orinda, CA 94563

2010 SKATE ST. MORITZ COMPETITION ENTRY FORM

Check Event(s) entering:

<u>Level</u>	<u>Singles FS</u>	<u>Test Track</u>	<u>Artistic</u>	<u>Interpretive</u>	<u>Jumps</u>	<u>Spins</u>	<u>Comp. Moves</u>
Senior							
Junior							
Novice							
Intermediate							
Juvenile / Open Juvenile							
Pre-Juvenile							
Preliminary							
Pre-Preliminary	1 2 3						
Pixie							
Basic Skating	1 2 3						
Basic Skating	4 5						
Adult Pre-Bronze							
Adult Bronze							
Adult Silver							
Adult Gold							
Adult Masters -Intermediate/Novice							
Adult Masters -Junior/Senior							

Progressive Jumps Event

	<u>Senior</u>	<u>Junior</u>	<u>Novice</u>	<u>Intermediate</u>	<u>Juvenile</u>	<u>Pre-Juvenile</u>	<u>Adult (write level)</u>
Pairs							
Compulsory Dance							
Short Dance							
Free Dance							
Adult Pairs	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	<u>Masters</u>			

	<u>Dutch Waltz</u>	<u>Cha Cha</u>	<u>Hickory Hoedown</u>	<u>14-step</u>	<u>Tango</u>	<u>Blues</u>	<u>Quickstep</u>
Pro-Am / Am-Am							

	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
Solo Dance Write in Dance(s)			

Special Needs / Adapted Event - \$20

Technical Panel Critique - \$10 per program

Singles Pairs Level: _____

Short Program

Free Skate (Juv & higher only)

<u>Event</u>	<u>**For Fees, see also Announcement page 4</u>	<u>1st Event Fee</u>	<u>2nd Event Fee</u>	<u>3rd / Subsqnt Event Fee</u>
• INT through SR Free Skate / NOV through SR Pairs (per couple)		\$110.00	N/A	N/A
• JUV Free Skate / ADLT GOLD, MASTERS Free Skate		\$90.00	N/A	N/A
• JUV, INT, ADLT GOLD, MASTERS Pairs (per couple)				
• PRE-PRE through OP JUV Free Skate / ADLT PRE-BRZ through SLVR Free Skate / PRE-JUV, ADLT BRZ, SLVR Pairs (per couple)		\$80.00	N/A	N/A
• Competitive Test Track events – all levels				
• PRE-PRE through SR Artistic or Interpretive		\$80.00	\$35.00	\$20.00
• Basic Skating or Pixie Free Skate or Artistic / Interpretive		\$50.00	\$35.00	\$20.00
• Couples Dance – all levels (per couple)		\$80.00	\$35.00	\$20.00
• Solo or Pro-Am/Am-Am Dance (per couple)		\$45.00	\$35.00	\$20.00
• Compulsory Moves, Jumps Only, Spins Only or Progressive Jumps				

Total Entry Fees Enclosed \$ _____

Note: Return Check Fee is \$20.00

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

****THIS SECTION MUST BE SIGNED AND TURNED IN WITH APPLICATION****

I understand that my child/ward or I will be participating in the 2010 Skate St. Moritz at the Oakland Ice Center. I understand that ice skating can be a dangerous and injurious sport. I accept full responsibility for ensuring that my child/ward is adequately supervised and controlled while on the Oakland Ice Center property, and accept full responsibility for accidents or injuries to myself or my child/ward, and for any property damage to Oakland Ice Center and/or the St. Moritz Ice Skating Club arising from any activity on the property of Oakland Ice Center. I hereby waive all rights to assert or levy any and all claims, losses, liabilities, costs and/or liens against the corporation known as the Oakland Ice Center and the organizations known as U.S. Figure Skating and/or the St. Moritz Ice Skating Club. I agree to indemnify, defend, and hold harmless Oakland Ice Center, U.S. Figure Skating, St. Moritz Ice Skating Club and these corporations' and organizations' officers, management, agents, and staff from and against any and all claims, losses, liabilities, costs and/or liens for accidents or injuries to myself or my child/ward, or any other person or property damage caused by or arising out of participation in this competition.

Name: _____
(Please print name of adult signing below)

Date: _____

Signature: _____
Parent/Guardian (if skater is under 18 years of age)

Relationship: _____
(Parent or Guardian)

Signature: _____
Skater (If 18 years of age or older)

AUTHORIZATION FOR MEDICAL TREATMENT

****MEDICAL AUTHORIZATION MUST BE SIGNED****

In case of an emergency that may arise from participation in 2009 Skate St. Moritz, I authorize Oakland Ice Center and/or the St. Moritz Ice Skating Club to seek medical treatment for myself or my child/ward when parent / guardian is unavailable or incapacitated.

Signature: _____
Parent/Guardian (if skater is under 18 years of age)

Relationship: _____
(Parent or Guardian)

Signature: _____
Skater (If 18 years of age or older)

Special medical information (allergies, pre-existing conditions, etc.), if any:

****THIS SECTION IS STRONGLY RECOMMENDED, BUT OPTIONAL****

Name of Physician _____

Phone _____

Insurance Company _____

Policy Number _____ Name of Insured _____

SKATE ST. MORITZ - PRACTICE ICE

Practice Ice requests must be returned by **August 2, 2010** and will be processed in the order received. However, consideration may be given to skaters from outside the area, traveling from a distance over 150 miles. Singles skaters will be allowed one (1) session per program (i.e., SP, FS, Artistic) if available. Space is limited. Waiting lists will be established for all full sessions. The number of requests will determine dance and pair practice ice sessions. Please note that most of the available practice ice time is during school / work hours.

Practice ice may be reserved online. Link to registration is available at www.stmoritzisc.org. Or, Please fill out and send this form with your check or money order payable to Skate St. Moritz to:

Skate St. Moritz Attn: Laurie Fong 126 Fiesta Circle Orinda, CA 94563
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Contact Katherine Specht
 e-mail: katherine.specht@gmail.com
 Tel: 707-815-8464 (calls before 8 PM, Pacific, only)

NOTE: Practice Ice times and a list of skaters for each session will be posted on the St. Moritz website.

INFORMATION MUST BE FILLED OUT COMPLETELY – PLEASE PRINT CLEARLY

Skater's Name: _____ Age _____ Phone (____) _____

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City, State, Zip _____

Event(s) Entered: _____

(Examples: Basic Skating 3, Novice Free Skating, Senior Artistic, Solo Bronze, Juvenile Pairs)

At this time it is expected that all Basic Skating through Pre-Juvenile events, plus all 6.0 Adult, compulsory moves, jumps, spins and artistic events will take place on the OLYMPIC rink and all Juvenile through Senior, plus all IJS Adult, test track, pair and dance events will be scheduled on the NHL rink. If this changes based on the number of entries, skaters will be given practice ice on the appropriate rink.

Official Practice Ice sessions will be approximately 45 minutes in duration; however, durations may be adjusted due to competition schedule. All scheduled sessions are subject to change. Please check the website often.

Cost is \$15.00 per session per person. Practice Ice fees will **not** be refunded unless a session is not assigned.

Number of Practice Sessions Requested _____

Total Fees Enclosed _____

If you are requesting more than one session, do you prefer back-to-back sessions (*if possible*): Yes _____ No _____

We will attempt to accommodate time of day preference when possible. What time of day do you prefer sessions:

_____ midday/early afternoon _____ late afternoon/evening**

**Late afternoon/evening sessions on the NHL rink may be unavailable if it is necessary to start competition before 6 p.m.

If time permits, unofficial practice ice and/or "warm up" practice sessions may be available on Saturday & Sunday. If you would like to receive an e-mail notice of available ice times, if any, please check here _____ and be sure your e-mail is included above. Or, e-mail katherine.specht@gmail.com to request the information.

Note: Return Check Fee is \$20.00

LOC use only:

TOTAL ENCLOSED: \$ _____ Check No. _____

2010 SKATE ST. MORITZ

PHOTO SUBMISSION & SOUVENIR PROGRAM PRE-ORDER FORM

PHOTO SUBMISSION

We will be including photos in the program this year.

If you would like to include your photo in the program, please submit (1) black & white 5x7 photo in a vertical pose (see form). Photos must be labeled with the full name of the skater, name of home club and event & level entered on the back of each photo.

MAIL WITH ENTRY TO:

Skate St. Moritz
Attn: Laurie Fong
126 Fiesta Circle
Orinda, CA 94563

OR, the competitors may submit a **digital photo** (.tif, .eps, .jpg formats only), send via email to lpefong@comcast.net

SOUVENIR PROGRAM PRE-ORDER

In order to guarantee a copy of the souvenir program, it is recommended that you pre-order your copy. Souvenir programs may be pre-ordered for \$5.00 each. Pre-ordered program(s) will be available at the registration desk for pick up when you check in.

To pre-order a program, please fill out the information below and return form with your entry, including check / money order made payable to 'Skate St Moritz'

Skater's Name: _____ Phone(____) _____

Parent/Guardian Name: _____ E-mail: _____

Home Club _____

Event(s) Entered: _____

	Quantity	Amount Each	Total Amount
Photo Submission	N/A	No Charge	No Charge
Souvenir Program		\$5.00	

MAIL WITH ENTRY TO:

Skate St. Moritz
Attn: Laurie Fong
126 Fiesta Circle
Orinda, CA 94563

NAME PRONUNCIATION FORM

If you think your name will be a problem for the announcers, please complete the following form and submit it with your entry form to:

Laurie Fong
126 Fiesta Circle
Orinda, CA 94563

Please return this information no later than August 2, 2010.

Name: _____

Event(s): _____

Phonetic Pronunciation (please CAPITALIZE the accented syllable):

FIRST NAME: _____

LAST NAME: _____

Example: Cherylynn Davis

FIRST NAME: share-uh-LIN

LAST NAME: DAY-vis

VOLUNTEER OPPORTUNITIES

If you would like to help us out before or during the competition, we'd love to have you! Please check off as many items as you'd like to help with and return this form with your entry. Your name and contact information will be passed on to the appropriate committee chair. You can also e-mail the information to the address below.

Volunteer schedules are not set until after the competition schedule is completed and posted.

_____ I can help during the competition, please call or e-mail me.

_____ I would like to be involved in pre-event planning and work on a committee.

Name: _____

E-Mail: _____ Tel: () _____

Your area of interest – please indicate your order of preference by using numbers (1, 2, 3, etc) and mark as many as you like.

_____ Anywhere as needed!

_____ Registration

_____ Runners

_____ Ice Monitor

_____ Medical (general monitoring of practice or events)

_____ Set-Up and/or Take down

Thanks so much for your help!

Please return this form with your entry form to:

Laurie Fong
126 Fiesta Circle
Orinda, CA 94563

Or E-Mail: lpefong@comcast.net