Northern Blades National Sports Center FSC US Figure Skating Test Application

Name	USFS #	Phone		
Address	City	Zip		
Home Club	Email			
Printed Coach's Name	Coad	Coach Email		
Coach's Signature	Date	Coach's USFS#		
*I have reviewed and approve the entry of this skater in the coaching requirements and an up-to-date with PSA CER re		certify that I am compliant with US Figure S	Skating	
Parent's Printed Name (if skater is under 18)				
Skater (or parent if under 18) Signature		Date		

Circle test(s) to be taken and the appropriate fee(s):

Test	Skating Skills Club Member	Skating Skills Non-Club Member	Singles Club Member	Singles Non-Club Member	Singles IJS Protocol
Pre-Preliminary	\$30	\$50	\$30	\$50	n/a
Preliminary	\$35	\$55	\$35	\$55	n/a
Pre-Bronze	\$40	\$60	\$40	\$60	n/a
Bronze	\$45	\$65	\$45	\$65	\$20
Pre-Silver	\$50	\$70	\$50	\$70	\$20
Silver	\$55	\$75	\$55	\$75	\$50
Pre-Gold	\$60	\$80	\$60	\$80	\$55
Gold	\$65	\$85	\$65	\$85	\$60
Adult Pre-Bronze	\$30	\$50	\$30	\$50	n/a
Adult Bronze	\$35	\$55	\$35	\$55	n/a
Adult Silver	\$55	\$75	\$55	\$75	n/a
Adult Gold	\$65	\$85	\$65	\$85	\$60

Total test fees \$_____ Make checks payable to NB NSC FSC

- This application and fees must be postmarked or deposited in the club mailbox in Rink 3 of NSC Super Rink at least 14 days prior to the test session or a \$15 late fee will be assessed.
- Test fees will not be refunded after deadline, except due to injury. A doctor's note must be submitted for refund.
- If taking a Singles test dependent on passing a Skating Skills test on the same day, please write 2 checks, one 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. It can also be e-mailed to testing@northernblades.org.
- If the test session is filled, preference will be given to NB NSC FSC members. All forms will be numbered in the order they are received.
- For IJS protocol tests, please enclose all paperwork along with this form.

Mail application to: Liz Dobson 6356 Deerwood Lane Lino Lakes, MN 55014 Cell: (651) 230-5505

Email: lizmconnor@gmail.com or testing@northernblades.org

Web: www.northernblades.org

^{*}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, COVENT NOT TO SUE, and HOLD HARMLESS Northern Blades NSC FSC, the National Sports Center, and its representatives.