



TRYOUTS FOR THE 2018-2019 SEASON

SATURDAY, MARCH 17
HATFIELD ICE, 350 COUNTY LINE ROAD, COLMAR, PA 18915

CASH OR CHECK PAYABLE TO PHILADELPHIA SYMMETRY
MAIL FORM AND PAYMENT TO PHILADELPHIA SYMMETRY, P.O. BOX 17, HILLTOWN, PA 18927

SKATER NAME: _____

AGE AS OF JULY 1, 2018: _____

DATE OF BIRTH: _____

SKATING LEVEL:

- | | | | | |
|--|---|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> BASIC 4 | <input type="checkbox"/> BASIC 5 | <input type="checkbox"/> BASIC 6 | <input type="checkbox"/> BASIC 7 | <input type="checkbox"/> BASIC 8 |
| <input type="checkbox"/> FREESKATE 1 | <input type="checkbox"/> FREESKATE 2 | <input type="checkbox"/> FREESKATE 3 | <input type="checkbox"/> FREESKATE 4 | |
| <input type="checkbox"/> PRE-PRELIMINARY MIF | <input type="checkbox"/> PRELIMINARY MIF | <input type="checkbox"/> PRE-JUVENILE MIF | | |
| <input type="checkbox"/> JUVENILE MIF | <input type="checkbox"/> INTERMEDIATE MIF | <input type="checkbox"/> NOVICE MIF | | |
| <input type="checkbox"/> JUNIOR MIF | <input type="checkbox"/> SENIOR MIF | | | |

PARENT/GUARDIAN NAME (IF SKATER IS UNDER 19): _____

BEST CONTACT EMAIL: _____

BEST CONTACT PHONE: _____

<p>IF SKATER IS BASIC SKILLS OR FREESKATE OR NO TEST:</p> <p>ALTHOUGH I FIT INTO THIS TRYOUT, IT IS MY DESIRE TO BE PLACED ON A TEAM HIGHER THAN SYNCHRO SKILLS. I UNDERSTAND THIS INCREASES MY COMMITMENT LEVEL, AMOUNT OF COMPETITIONS AND TEAM FEES.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF SKATER IS PASSED INTERMEDIATE MIF:</p> <p>FOR SKATERS PASSED INTERMEDIATE MOVES IN THE FIELD AND ABOVE, WOULD YOU ACCEPT A CROSS-SKATING POSITION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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LIABILITY RELEASE:

RECOGNIZING THAT ICE SKATING IS A SPORT THAT INCLUDES A POSSIBLE RISK OF INJURY, IN THE EVENT THAT THE SKATER NAMED ABOVE IS INJURED WHILE PARTICIPATING IN PHILADELPHIA SYMMETRY ACTIVITIES, I HEREBY INDEMNIFY AND HOLD HARMLESS, AND WAIVE ANY RIGHT TO SEEK DAMAGES ARISING THEREUNDER, FROM PHILADELPHIA SYMMETRY COACHES OR THEIR DESIGNATED SUBSTITUTE(S), HATFIELD ICE WORLD, OR ANY OTHER RINK HOSTING PHILADELPHIA SYMMETRY ACTIVITIES, THE WISSAHICKON SKATING CLUB, OR PHILADELPHIA SYMMETRY DIRECTORS AND OFFICERS.

SIGNATURE OF SKATER OR PARENT/GUARDIAN IF SKATER UNDER 19:

TRYOUT FEE ENCLOSED: \$ _____
(SEE PAGE 2 FOR FEES)

CASH OR CHECK # _____



Philadelphia Symmetry

SYNCHRONIZED SKATING TEAMS

TRYOUTS FOR THE 2018-2019 SEASON

8:00 - 8:30 am: Basic 4 – No Test Moves in the Field

\$25 if registered by March 3, \$35 if registered March 4 and later

**8:30 - 9:15 am: Passed Pre-Preliminary - Preliminary
Moves in the Field**

*\$150 if registered by March 3, \$175 if registered March 4 and
later

And Adults over age 18 (Open Masters)

\$25 if registered by March 3, \$35 if registered March 4 and later

9:25 - 10:10 am: Passed Pre-Juvenile - Juvenile Moves

*\$150 if registered by March 3, \$175 if registered March 4 and
later

10:20 - 11:30 am: Passed Intermediate Moves and higher

*\$150 if registered by March 3, \$175 if registered March 4 and
later

Checks payable to Philadelphia Symmetry.

*\$125 will be credited towards team fees. In the unlikely event that a
skater is not placed on a team, a refund of \$125 will be given.

Saturday, March 17

**Hatfield Ice
350 County Line
Road
Colmar, PA 18915**

Questions?

Please contact

**Jill McGee at
teammanager@
philadelphiasymmetry.org**

or

**Kati Link at
katibird007@gmail.com**

Online registration begins January 22!

www.philadelphiasymmetry.org/tryouts

**All ages are as of
JULY 1, 2018.**

**All test levels are as of
day of the tryout.**