



LSA Synchronized Skating  
Adults Commitments – Due May 15, 2009

**Overview**

For 2009-2010, the Louisville Skating Academy synchronized skating program will be comprised of three adult teams. These teams are outlined in detail below.

Synchronized skating is the fastest growing discipline within the sport of figure skating. Typically eight to twenty skaters make up a team to perform in exhibitions and competitions. Synchronized skating requires excellent skating skills performed with the highest level of precision and involves intricate step sequences, difficult hand holds and quick changes of direction. Synchronized skating promotes teamwork, camaraderie and a healthy body.

Skating on a competitive synchronized skating team requires you to make a personal commitment to the team and its members, as well as your individual skating. A team can only function as a unit with all of its members working together to achieve success. One person's lack of commitment can hinder that unit. Synchronized skating can be very rewarding, as you will meet new people and travel to different cities. You will have an opportunity to share your love for the sport with your teammates and that can be an amazing experience. However, this success will not come without dedication, hard work, self-discipline, and perseverance. The commitment that you have in bettering your individual skating, the dedication you have to your teammates and coaches, and the work you put into practices will indeed set you on the road to success. We welcome you to our synchronized skating program and wish you a year full of successful opportunities and learning experiences.

**ELIGIBILITY**

- All skaters must be eligible members of U.S. Figure Skating.
- All skaters must be members in good standing of Louisville Skating Academy.
- Adult skaters who wish to participate in the competitive adult teams must commit by May 15, 2009.
- All synchronized skaters must practice and develop their skating skills. Practice requirements vary by team and are outlined on the chart below.

LSA River Stars  
Synchronized Team Skating  
Adult Teams 2009-2010

Open Adult Team 2:

Age of Skaters: 19 and up

Test Requirements: None

Number of Skaters: 8 – 12 plus alternates

Program Duration: 2:30 minutes

Planned Competitions and Events: LSA Synchro Sensation (mid February), SEGL (Evansville, IN on February 26-28, 2010)

Head Coach: Becky Pierce

Assistant Coach: TBA

Team Practice Time: on and off ice practice on Saturday mornings, Time TBA

Individual Practice Time: Skaters are encouraged to practice basic skating skills on their own, participate in group lessons and/or take private lessons from a coach of his or her choice.

Cost to be a Team Member: \$555 (does not include travel or hotel arrangements)

Open Adult Team 1:

Age of Skaters: 19 and up

Test Requirements: Skaters are strongly urged to have completed the Bronze Adult MIF test or equivalent

Number of Skaters: 8 – 12 plus alternates

Program Duration: 2:30 minutes

Planned Competitions and Events: Dr. Porter Classic (Ann Arbor, MI on Dec. 4-6, 2009), Mid-America Championships (Fraser, MI on January 15-17, 2010), 2010 Midwestern Synchronized Skating Championships (Cedar Rapids, Iowa on Jan. 27-30, 2010), LSA Synchro Sensation (mid February).

Head Coach: Sarah Neal

Assistant Coach: Rebecca Hatch-Purnell

Team Practice Time: on and off ice practice on Saturday mornings, Time TBA

Individual Practice Time: Skaters are expected to practice the program individually and to work on their own skating skills at least one additional day per week. Skaters are strongly encouraged to participate in group lessons and/or take private lessons if required skating skills have not been mastered.

Cost to be a Team Member: \$750 (does not include travel or hotel arrangements)

Masters Team:

Age of Skaters: 25 years of age or older as of July 1, 2009 with the majority of the team over 35 years of age

Test Requirements: Skaters are urged to have completed the Intermediate Moves in the Field test, Adult Gold Moves, or the Equivalent

Number of Skaters: 12 – 20

Program Duration: 3:00 minutes

Planned Competitions and Events: Dr. Porter Classic (Ann Arbor, MI on Dec. 4-6, 2009), 2010 Midwestern Synchronized Skating Championships (Cedar Rapids, Iowa on Jan. 27-30, 2010), LSA Synchro Sensation (mid February), U.S. Synchronized Skating Championships (if team qualifies, March 3-5, 2010, Minneapolis, MN)

Head Coach: TBA

Assistant Coach: Rebecca Hatch-Purnell

Practice Time: Wednesday or Thursday midday, Time TBA

Individual Practice Time: Skaters are encouraged to skate several days a week.

Cost to be a Team Member: \$555 (does not include travel or hotel arrangements)

**Adult Team Commitments**

Adult skaters who wish to participate in the competitive adult synchronized skating program must make a financial commitment to the team by May 15, 2009. Adult skaters must complete the application below and mail it to Rebecca Hatch-Purnell along with a \$100 commitment fee. Such fee will be applied toward the skater's annual synchronized skating fees. Skaters who are assigned to a team but decide not to participate for whatever reason will not be refunded any of the commitment fee.

In addition, adult skaters must enter into the 2009-2010 LSA Adult Synchronized Skating Team Contract by returning a completed signature page indicating agreement with the terms therein. The 2009-2010 LSA Adult Synchronized Skating Team Contract can be found on the LSA website, [www.skatelouisville.org](http://www.skatelouisville.org). As written therein, fees will be assessed only to those skaters who are assigned to a team roster.

Adult skaters may cross over between teams if allowed by U.S. Figure Skating and if designated to do so by the LSA coaching staff.

Questions regarding this application may be directed to Rebecca Hatch-Purnell at (502) 415-0962 or [hatchpurnell@insightbb.com](mailto:hatchpurnell@insightbb.com).

## LSA Synchronized Skating Team Application 2009-2010

Mail to Rebecca Hatch-Purnell, 2211 Homewood Drive, Louisville, KY 40223

Skater' Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_

USFS Test Levels --

Moves: \_\_\_\_\_ FS: \_\_\_\_\_ Dance: \_\_\_\_\_ Basic Skills: \_\_\_\_\_

Primary Coach: \_\_\_\_\_

Coach's Email: \_\_\_\_\_

Indicate Team(s):                      Open Adult 1                      Open Adult 2                      Masters

\_\_\_\_ I have enclosed the non-refundable commitment fee.

\_\_\_\_ I have read and understand the 2009-2010 LSA Synchronized Skating Team Contract, located on the LSA website, and I have enclosed a completed signature page indicating agreement with the terms therein.

### Waiver

I am aware that the sport of ice skating and related off-ice training and conditioning poses dangers and risks of injury. I also understand that my or my child's participation in this sport and in LSA skating and off-ice training and conditioning sessions, which may include skaters of varying experience, skills and abilities, places me or my child at greater risk of injury than choosing not to participate. I understand that I or my child, or others skaters on the ice, may need to practice skills where speed, power, and difficult, dangerous jumps, spins, spirals and moves are required. I understand that there will be times when skaters are skating backwards, spinning or practicing other maneuvers where it may not be possible to see clearly and stop their maneuver in time to prevent a collision with a skater who has crossed his or her path. I agree that I or my child have a responsibility to maintain a lookout for and to avoid a collision with skaters in such maneuvers. I understand that the coaches on the ice are not employees or agents of Louisville Skating Academy ("LSA") and that a coach cannot guarantee my or my child's safety. I am solely responsible for assessing, at all times, whether the conditions of the practice ice session, off-ice training session, the arena and ice surface are safe or suitable to my or my child's experience, skills, and abilities, and for exiting the session or arena and choosing not to participate if I deem conditions unsuitable.

In consideration for my participation in LSA activities, I hereby release LSA and their officers, directors, members, volunteers, contractors and employees as well as independent contractor coaches ("Released Parties") from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any LSA activities and programs whether or not caused by the negligence or other fault of the Released Parties. In the event I am injured or incapacitated while participating in these activities or programs, I hereby give LSA permission to seek necessary medical assistance for me or my child. I agree that my provision to LSA of emergency contact phone numbers of persons who can be contacted on my behalf in the event of an emergency is voluntary and is merely for my convenience and in no way obligates LSA to keep such information up-to-date. I acknowledge that LSA substantially relies on volunteers, including other members and parents of skaters, to help oversee many of LSA's activities and I agree that LSA's attempt to gather emergency contact information does not impose liability on LSA related to any act or omission in the event of an emergency of any kind. I agree that the responsibility to assure my or my child's safety remains with me at all times.

I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE, HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT IT THAT I MAY HAVE AND THAT MY SIGNATURE BELOW INDICATES MY AGREEMENT TO ALL OF ITS TERMS.

\_\_\_\_\_  
Signature of Participant or Legal Guardian

\_\_\_\_\_  
Date



Synchronized Skating  
Adult Synchronized Skating Teams  
2009-2010 Season  
Authorization of Credit Card Payment

Please Circle Type of Card:            Master Card      VISA      Discover

Full Name (as written on the card): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV # (3 numbers on back of card): \_\_\_\_\_

Email for confirmation: \_\_\_\_\_

I authorize the use of the above credit card for the purpose of the LSA adult synchronized skating team commitment fee of \$100.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

\*\* Credit card payments may be made over the phone by calling (502) 415-0962.

**Commitment fees paid by credit card must be received by May 13, 2009.**