



LOUISVILLE SKATING ACADEMY

LSA Synchronized Skating
Youth Try-Outs
April 28, 2009
7:15 – 8:00 p.m.

Overview

For 2009-2010, the Louisville Skating Academy synchronized skating program will have two youth 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 FUN!

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 (i.e. Full Members).
- All skaters must be members in good standing of Louisville Skating Academy.
- All youth skaters must participate in try-outs to be held April 28, 2009 at Iceland. Skaters with serious conflicts may be approved for a rescheduled try-out at the discretion of the team head coach. Rescheduled try-outs may entail additional cost.
- 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
Youth Teams 2009-2010

Beginner II Team:

Age of Skaters: 6 to 13

Test Requirements: Skaters may not have tested higher than preliminary in any discipline

Number of Skaters: 8 to 12 skaters, up to 4 alternates

Program Duration: 1 ½ - 2 minutes

Planned Competitions and Events: Dr. Porter Classic (Ann Arbor, MI on Dec. 4-6, 2009), Mid-America (Fraser, MI on January 15-17, 2010), LSA Synchro Sensation (mid February), SEGL (Evansville, IN on February 26-28, 2010)

Head Coach: Carmen Riggs

Assistant Coach: Jessica Ashley

Team Practice Times: Summer Session (June 8 to August 5): Wednesday mornings, approximately 10 – 10:40 a.m. School Year (August through February): Thursday evenings, approximately 6:15 – 7:30 p.m.

Individual Practice Requirements: Skaters must skate a minimum of two free skate sessions per week and must take private lessons from a coach of his or her choice who is a member in good standing of U.S. Figure Skating and the Professional Skaters Association (PSA).

Cost to be a Team Member: \$1,120 (includes travel and lodging for team members, does not include practice attire – see contract for more detail)

Pre-Juvenile Team:

Age of Skaters: Majority of team must be under 12 as of July 1, 2009

Test Requirements: Preliminary moves in the field

Number of Skaters: 8 – 12 skaters, up to 4 alternates

Program Duration: 2:00 minutes

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

Head Coach: Rebecca Hatch-Purnell

Assistant Coach: Heidi Whitlow

Team Practice Time: Summer Session (June 8 to August 5): Wednesday mornings, approximately 10 – 10:40 a.m. School Year (August through February): Thursday evenings, approximately 6:15 – 7:30 p.m. and Saturday mornings, approximately 9:30 – 11:00 a.m.

Individual Practice Requirements: Skaters must skate a minimum of three free skate sessions and one power class per week and must take private lessons from a coach of his or her choice who is a member in good standing of U.S. Figure Skating and the Professional Skaters Association (PSA).

Cost to be a Team Member: \$1,360 (includes travel and lodging for team members, does not include practice attire – see contract for more detail)

Youth Team Try-Outs

Youth skaters who wish to participate in the synchronized skating program must try-out. In order to try-out, skaters must complete the application below and mail to Rebecca Hatch-Purnell along with a \$225 application fee. For skaters who are assigned to a team, \$200 of the \$225 try-out fee will be allocated toward their annual synchronized skating fees. Skaters who do not make a team will receive a \$200 refund. Skaters who are assigned to a team but decide not to participate for whatever reason will not be refunded any of the \$225 try-out fee.

In addition, in order to try-out, skaters and their parents or guardians must enter into the 2009-2010 LSA Youth Synchronized Skating Team Contract by returning a completed signature page indicating agreement with the terms therein. The 2008-2009 LSA Youth Synchronized Skating Team Contract can be found on the LSA website, www.skatelouisville.org. As written therein, fees will be assessed only to those skaters who are assigned to a team roster.

Female skaters must wear black or dark colored skating dresses or skirts and tights to the try-outs. Male skaters must wear skating pants. All skaters may wear sweaters or LSA jackets. All garments should be fitted and neat. No jewelry except for stud-type earrings will be allowed for try-outs.

Skaters will be selected based on the following criteria - - experience, USFS test level, skating skills, ability to learn a new concept, team exercises, and listening skills. Skating skills will include a series of moves in the field elements (stroking, crossovers, three turns and spirals), free style elements (basic jumps and spins) and dance elements (chasses, progressives, swing rolls).

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: _____

____ I have enclosed the non-refundable try-out /evaluation 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
Youth Team Try-Out Application
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 Youth Try-Out Fee of \$225.

Signature of Card Holder

Date

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

Try-Out Fees paid by credit card must be received by April 27, 2009.