



LOUISVILLE RIVER STARS and SHOOTING STARS

Try-outs 2018-2019

April 26, 2018

Approximately 6:00 p.m. (waiting for time from Iceland)

Overview

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.

Team Information

All information regarding the teams for the 2018-2019 season may be found in the team contracts on the LSA website, under synchronized skating.

Try-Out

Try-outs will take place on Thursday, April 26th. Time to be announced – around 6:00 p.m.

Female skaters must wear black skating leggings and black tops to the try-outs. Male skaters must wear black skating pants and a black shirt. 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 2018-2019

Return to Becca Hatch-Purnell or Heidi Whitlow

Skater' Name: _____

Sex: _____ Age: _____ D.O.B. _____

Email: _____

USFS Test Levels --

Moves: _____ FS: _____ Dance: _____

-or-

Basic Skills: _____

Primary Coach: _____

Team: Beginner Open Juvenile

Please check to indicate an affirmative answer below:

____ I have enclosed the non-refundable try-out fee of \$200.*

____ I have read and understand the 2018-2019 LSA Synchronized Skating Team Contract, located on the LSA website, and I agree to submit a completed signature page indicating agreement with the terms therein within 72 hours of the posting of the 2018-2019 team roster.

**For those skaters assigned to the team, the entire "application fee" will be allocated toward their first payment. Applicants who are not assigned to a team will have their "application fee" refunded. For skaters who are assigned to the team but elect not to participate, fees are non-refundable and credits will not be issued.*

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 or my child is 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 Parent or Legal Guardian

Date