

Team Velocity

Registration Form

Skater's Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____ E-mail _____

Skater's Home Club: _____

Skater's Date of Birth: _____ Skater's current Age: _____

Highest Field Moves test passed: _____

Average number of sessions skater per week: _____

Past experience in synchro: (Please circle one) Yes No

If yes, how many years: _____

Line Skater interested in: (Please circle one)

6 Month Beginner Line

12 Month Year Round Competitive Line

Try-outs will be held on Friday, May 2nd from 5:40 – 7 PM and Sunday, May 4th from 6:20 – 8:20 PM

Which day would you prefer to try-out? (Please circle one) Friday Sunday Either

*There will be no guarantee you will get your 1st choice