TEAM ENTRY FORM
ISI DISTRICT 7 CHAMPIONSHIPS
MARCH 3-4, 2012

Endorsed by ISI

Name of Team_____Coach's Name_____
Coach's Address_____
Street City State Zip
Home ISI Rink Representing:_____

ENTRY DEADLINE FEBRUARY 1, 2012

Age Groupings: check one

_____Tots(Majority 6 years or younger)
_____Jr. Youth (Majority 8 years or younger)
_____Youth (Majority 9-11 years)
_____Sr. Youth (Majority 12-14 years)
_____Teen(Majority 14-19 years)
_____Collegiate
_____Adult(Majority 20 years or older)
_____Master(Majority 40 years or older)

We wish to compete in the following events: check one

_____Synchronized Formation Compulsories
_____Synchronized Skating Compulsories
_____Team Compulsories level_____
_____Synchronized Formation
_____ Synchronized Advanced Formation
_____Synchronized Skating
_____Synchronized Open

ENTRY FEES: $10 per person x number of skaters_____= Total entry fee_____

Name of skater age ISI#	Name of skater age ISI #
1_____	**11**_____
2_____	**12**_____
3_____	**13**_____
4_____	**14**_____
5_____	**15**_____
6_____	**16**_____
7_____	**17**_____
8_____	**18**_____
9_____	**19**_____
10_____	**20**_____

If more than 20 members are participating, please attach roster to this entry form.

Is anyone on the team an active USFS member who has competed at or above the Novice level at any USFS National Championships within the last two years? Yes_____ No_____

WAIVER**, for myself and on behalf of my heirs, personal representatives and next of kin, HEREBY RELEASE INDEMNIFY AND HOLD HARMLESS, Lou & Gib Reese Ice Arena, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to fullest extent permitted by law.**
I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of coach date
Mail entry form to: Lou & Gib Reese Ice Arena 936 Sharon Valley Rd. Newark, OH 43055
Make check or money order payable to Lou & Gib Reese Ice Arena. All returned checks will be charged a $25 fee. Entry fees are not refundable. Questions? Call us at LGRIA 740-349-6784