

**Certification of Competitor**

Competitor Name: \_\_\_\_\_

1. The competitor is eligible to enter the events checked. It is agreed that the competitor and family hold the Ann Arbor Figure Skating Club and The Ann Arbor Ice Cube harmless from any and all liability either during practice or the competition, from any and all liability for damages to or loss of property.
2. As a participant, or parent/guardian of a minor participant, in the Ann Arbor Skills & Showcase /Basic Skills Series, I understand that the Ann Arbor Skills & Showcase /Basic Skills Series, or its agents, may take photographs, video and/or film of my, my minor's and/or my family's involvement, participation, viewing or interaction at the Ann Arbor Skills & Showcase /Basic Skills Series scheduled ice time, activities, classes or events. I hereby authorize the taking and use of such photographs, video, film or likeness of myself, my minor child (or children), and/or my family in all forms and media and in all manners, including composite or other representations, for any lawful and legitimate Ann Arbor Skills & Showcase /Basic Skills Series purpose, including dissemination and distribution of the same; and further waive any right to approve or object to any finished, modified or derivative product or media
3. I have read the Concussion Awareness Information located on [www.sk8stuff.com](http://www.sk8stuff.com) and by signing below, I am agreeing to the terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Club Officer/Program Director \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

COMPETITOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please print clearly

Registered on U.S. Figure Skating Coaches Registry for the current season? Yes ☐ # \_\_\_\_\_If you are not registered, go to [www.usfigureskating.org](http://www.usfigureskating.org), click on the Coaches Registration button and follow the instruction for registration.**COACHES WILL BE REQUIRED TO CHECK IN AT REGISTRATION AT EACH EVENT**

Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please print clearly

**CHECKLIST [please be sure the following is included]:**

\_\_\_\_ Entry form with U.S. F/S Number

\_\_\_\_ Club Officer/Program Director Signature

\_\_\_\_ Check payable to **AAFSC**

\_\_\_\_ Events to be entered checked properly