



ICE at The Parks Individual Entry Form
 18th Annual ISI Open Competition
 Saturday & Sunday, September 18 & 19, 2021
ICE at The Parks, inside "The Parks at Arlington" Mall, Arlington, TX.

NAME _____ Age on 09/18/21 ____ Birth date _____ M / F
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 Telephone (____) _____ Email _____

ISI# _____ Exp. Date: _____ Highest Test Passed _____

LEVEL: Please write in the level in the category in which you wish to compete. This level must be your highest test passed and registered with ISI on or before **August 14, 2021.**

<u>Tot 1 – 4 (\$40.00)</u>	<u>Pre-Alpha</u>	<u>Alpha-Delta</u>	<u>Freestyle 1 - 10</u>	<u>Special Skater</u>
<u>Open Freestyle</u> Bronze Silver Gold Platinum	<u>Open Freestyle Short</u> Gold Platinum	<u>Interpretive</u> FS1-10	<u>Solo Compulsories</u> Pre-Alpha - FS 10	<u>Footwork</u> FS1-10
<u>Spotlight Tots-FS 10</u> Lt Ent / Drama / Character	<u>Rhythmic FS1-10</u> Hoop / Ball / Ribbon	<u>Stroking</u> Alpha – Delta	<u>Artistic</u> FS 1-10	<u>Hockey</u> Goalie /Skating/ Puck Handling& Shooting
<u>Couples Spotlight</u> Lt Ent / Drama / Character Low Brnz Silver Gold Platm	<u>Dance 1 - 10</u> Solo Couple Pro Partner	<u>Couples 1 - 10</u>	<u>Pairs 1 -10</u>	<u>Jump & Spin</u> <i>NOT</i> this form See Team Form

Partner's Name: _____ ISI# _____ Age: _____ M or F

Circle Partner event: Dance Couple Pairs Couple Spotlight

ENTRY FEES: \$50.00 single event \$ _____
 \$40.00 Tot event \$ _____
 \$15.00 each additional event \$ _____
 \$90.00 family entry \$ _____ (first event per family member/up to 2 members)
 Separate forms must be filled out for each family member

TOTAL \$ _____

*Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? Yes _____ No _____

Entries must be turned in by close of business August 14, 2021

Make checks payable to ICE at The Parks. NO REFUNDS. Late entries, if accepted will be charged DOUBLE.

Credit Card (circle one) VISA M/C AMEX DISCV

Credit Card Number: _____ Security Code _____ Exp. Date _____

The above named student and their parents, or legal guardian agree that Rink Management Services Co., ICE at The Parks and "The Parks at Arlington" Mall is not responsible for any loss or damage to any personal property or injury or illness sustained during activity or cause by any pre-existing conditions. I, the undersigned parent or legal guardian of the above named participant, hereby authorizes the instructors, coaches, or employees of ICE at The Parks to consent to medical, dental, or surgical examination and/or treatment of the above named participant and, in case of emergency authorize treatment or care at any hospital.

X _____ X _____

Parent/Skater(parent must sign if skater is under 18)

Coaches Signature

Coaches Phone # _____

Print Coaches Name: _____

Coaches certification: Bronze Silver Gold (circle one) Coaches ISI # _____

Home Rink Name: _____

**Caroline Baker, Competition Director / ICE at The Parks, 3815 South Cooper St., Arlington, TX. 76015
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