



MCFSC Competitive Synchro Teams

Synchro is a great way to work on skating skills as a team

Sunday Evenings October - Ice show

7:30-8:00 pm Beginner 2~ Melissa's Team

8:00-8:30 pm Beginner 3~ Bryanna's Team

Synchro cost is \$250 includes Synchro fees, MCFSC Ice time & Instruction, practice ice at Badger State, and costume. All travel, hotel & food expenses are the skater's responsibility. Synchro may be on payment plan until December 2.

Must be a MCFSC Club member MCFSC Membership is \$110, fundraising and volunteering obligations.

MCFSC Synchro: December 2 5:00 pm MCFSC Exhibition
 Badger State January 25-27
 * In the past Synchro has been on Saturday (1/26)
 Green Bay Synchro Competition February 9 TBD
 Ice show March 15-17



MCFSC MAGIC Synchro Teams Schedule

Sunday Evenings

7:00-7:30 pm Jr. Synchro

7:30-8:00 pm Beginner 2- Melissa's Team

8:00-8:30 pm Beginner 3- Bryanna's Team

Competitive Synchro Team Competition

October 14, 21 & 28	Regular Practices 7:00-7:30 pm Jr. Synchro 7:30-8:00 pm Beginner 2 8:00-8:30 pm Beginner 3	February 3, 10 & 17	<i>Schedule change</i> 7:30-7:50 pm Jr. Synchro 7:50-8:10 pm Beginner 2 8:10-8:30 pm Beginner 3
November 4, 11, 18 & 25	Regular Practices 7:00-7:30 pm Jr. Synchro 7:30-8:00 pm Beginner 2 8:00-8:30 pm Beginner 3	February 9	Green Bay Synchro Competition Beginner 2 & Beginner 3
December 2	5:00 pm MCFSC Exhibition all skaters at rink by 4:30 no practice after	February 24	<i>Schedule change</i> No Practice Jr. Synchro 7:45-8:30 pm Beginner 2 7:45-8:30 pm Beginner 3
December 9 & 16	Regular Practices 7:00-7:30 pm Jr. Synchro 7:30-8:00 pm Beginner 2 8:00-8:30 pm Beginner 3	March 3 & 10	<i>Schedule change</i> 7:30-7:50 pm Jr. Synchro 7:50-8:10 pm Beginner 2 8:10-8:30 pm Beginner 3
December 23 & 30	<i>Schedule change</i> No Practice -Jr. Synchro 7:00-7:45 pm Beginner 2 7:45-8:30 pm Beginner 3	March 12	Dress Rehearsal 5-7 pm
January 6 & 13	Regular Practices 7:00-7:30 pm Jr. Synchro 7:30-8:00 pm Beginner 2 8:00-8:30 pm Beginner 3	<u>Ice Show</u>	
January 20	<i>Schedule change</i> No Practice -Jr. Synchro 7:00-7:45 pm Beginner 2 7:45-8:30 pm Beginner 3	March 15	7 pm at rink by 6:30 pm
January 26	BADGER STATE COMPETITION Beginner 2 & Beginner 3	March 16	2 pm at rink by 1:30 pm 7 pm at rink by 6:30 pm
January 27	No Synchro practice	March 17	2 pm at rink by 1:30 pm

MCFSC Competitive Synchro Teams

**MCFSC synchro skaters sign-up for the same team as last year*

_____ **Beginner 2~ Melissa's Team** _____ **Beginner 3 Bryanna's Team**
Skater's Name _____ Phone # _____ Birthdate _____
Address _____ City _____ Zip _____ Male or Female (circle)
E-Mail _____ Highest Moves Test _____
Parent's Names _____ Highest FS Level _____
T-Shirt Size: _____ Bust: _____ Waist _____ Hips _____ Girth _____ (Measured during practice)

Sunday Evening 7:30-8:00 pm Beginner 2 Melissa's Team
8:00-8:30 pm Beginner 3 Bryanna's Team

Costs: **\$250 (October- March) Must be a MCFSC member \$110 in addition to the Synchro fee

**The cost includes Synchro fees for USFSA & Badger State team fees, MCFSC Ice time & Instruction, practice ice at Badger State, and costume. All travel, hotel & food expenses are the skater's responsibility.

Synchro may be on payment plan. Payment plan is due December 2nd.

Send check or money order (made out to MCFSC) and completed registration form to: MCFSC
PO Box 357
Manitowoc, WI
54221-0357

Waiver Information/Waiver Statement

As the parent and/or guardian of _____, I authorize my child's participation in the Manitowoc County Figure Skating Club's (MCFSC) skating sessions, and agree to accept full financial responsibility for all fees, costs, damages, and expenses incurred or caused by the participant in all aspects of the program and/or use of the facilities, on or off the ice.

I further authorize MCFSC and the Manitowoc County Ice Center (MCIC) or their agents to exercise their judgment to seek and obtain medical care for the participant in the event of an acute illness or injury necessitating such care. I, as parent and/or guardian, agree to pay and all expenses incident to such illness or injury; including, but not limited to; transportation, evaluation, diagnostic testing and treatment. I hereby release the Manitowoc County Figure Skating Club, Inc., Manitowoc County Ice Center, their respective board members, members, volunteers, staff and agents from all liability for injury or loss of property for the above listed skater on or off the ice.

I agree that MCFSC and MCIC along with their respective officers, staff, and agents assume no responsibility for accidents or injuries on or off the ice or for any loss or damage of personal property. MCFSC reserves the right to cancel this program due to lack of interest or any other unforeseen circumstances. Refunds only given upon MCFSC's cancellation or participant having a dated doctor's confirmation deeming them unable to participate

_____ 2018-2019
Skater's Signature (if over the age of 18) _____ Date

_____ 2018-2019
Parent/Guardian's Signature (if the skater is under the age of 18) _____ Date

Amount Paid _____ Payment Plan _____ Cash _____ Check # _____ Received by _____