



TEAM ENTRY FORM

LIVING ON THE EDGE ISI TEAM COMPETITION

March 8 - 10, 2024 • Entries must be postmarked by February 7, 2024

Endorsed by ISI

Home ISI Rink Representing: _____

Rink Address _____
Street City State Zip

Name of Team _____ Team Coach's Name _____

Contact Email _____ Phone Number _____

Please us a separate GROUP ENTRY FORM for each event entered.

Theme: To Be Announced January 2024

GROUP EVENTS

Family Spotlight: _____ **Ensemble:** _____ **Team Compulsories (1-10):** _____ **Freestyle Synchro (1-10):** _____

Jump & Spin Team (4+ Skaters) _____

Low (PA-D) _____ Medium (FS 1-3) _____ Intermediate (FS 4-5) _____ High (FS 6-10) _____

Kaleidoskate Team: _____ **Pattern Team:** _____ **Production Team:** _____

Production Theme: _____ **Production Theater:** _____

Team Surprise (4-skaters):

Low (PA-D) _____ Medium (FS 1-3) _____ Intermediate (FS 4-5) _____ High (FS 6-10) _____

SYNCHRO

Age Groupings: check one

____Tots (Majority 6 years or younger) ____Jr. Youth (Majority 8 years or under) ____Youth (Majority 9-11 years)

____Sr. Youth (Majority 12-14 years) ____Teen (Majority 14-19 years) ____Collegiate (Majority 18-25 years)

____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 Formation ____Synchronized Dance

____Synchronized Skating Compulsories ____Synchronized Advanced Formation

____Synchronized Skating

ENTRY FEES: \$15 PER PERSON X NUMBER OF SKATERS _____ = Total \$ _____

Add 6% KY Sales Tax = \$ _____

Total Balance = \$ _____

Name (Please Print)	Age (7/1/2023)	Birthdate mm/dd/yyyy	ISI #	USFSA #	

Indicate with a check mark any members who have competed at or above the Novice level (individual or synchronized) at a USFS National Championships within the last 2 years.
Additional team members? List on back of this form.

Statement of Release: I/We agree to indemnify and hold harmless the City of Owensboro, its officials and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life and/or property damage or loss, and from all costs, expenses and liability incurred, or order or judgment entered, as a result of any such claim, the investigation thereof or the defense of any action, including attorney's fees. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent. A copy of this authorization shall be as effective as the original.

Signature of Team Coach _____ **Date** _____

Mail entry form to: Edge Ice Center ISI Competition, 1400 Hickman Ave., Owensboro, KY 42301

Make check or money order payable to: CITY OF OWENSBORO