



First Annual Winter Competition

Sunday, February 26, 2012

10:30am-12:00pm; 6:00-7:20pm

Hosted by City Ice Pavilion

ISI In-House Competition

Endorsed by the Ice Skating Institute (ISI)



Events (Tots-Freestyle 8):

Solo Programs

Solo Compulsories

Entry forms must be submitted by January 26, 2012.

Late applications must include a \$15 late fee.

City Ice Pavilion

47-32 32nd Place

Long Island City, NY 11101

718-706-6667

FAX: 718-706-6670

www.cityicepavilion.com



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Eligibility Rules for Participants

1. All competitors must be a current individual or Professional member of ISI up to and including the date of the competition.
2. All competitors must compete at their highest test level passed, and all tests must be registered with the ISI National Office at least 30 days prior to the competition date. Skaters in Pre-Alpha through Delta may not compete in Freestyle 1 or above. In order to compete in areas of special interest, the skater must compete at the level for all events in areas of special interest. If the skater has passed Freestyle 1, the skater may no longer compete in Delta.
3. All competitors must represent City Ice Pavilion.
4. This competition will follow all rules and guidelines contained in the new edition of the ISI Handbook along with all 2012 Rule Revisions.
5. Skaters are expected to compete at their true ability and to uphold high ethical standards.
6. All skaters must register at least one hour prior to the time of the event.
7. Music must be recorded on CDs or e-mailed to the Skating Director with the skater's name and level as the track title. CDs should be clearly labeled with the skater's name, event and age on the side to be played. All CDs must be turned in at the registration desk at time of registration.

For more information, please contact:

Shanley Pascal
Skating School Director
718-706-6667
FAX: 718-706-6670
spascal@cityicepavilion.com



Learn-to-Skate Program

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Compulsory Requirements

Solo Compulsories (half-ice for Freestyle 5 and below, no music)

All Tot Competitors must be under 7 years of age as of February 26, 2012. Elements may be performed in any order.

Tot 1	Proper way to fall and get up, march while moving
Tot 2	Two-foot hop in place, single swizzle, beginning two-foot glide
Tot 3	Push and glide stroking, dip, forward swizzle
Tot 4	Backward swizzle, two-foot or one-foot snowplow, backward wiggle
Pre-Alpha	Forward swizzle, backward swizzle, two-foot glide
Alpha	Forward stroking, forward crossovers (right over left), one-foot snowplow
Beta	Backward stroking, backward crossovers (right over left), T-stop right foot
Gamma	Left outside 3-turn, right forward inside Mohawk combination, hockey stop
Delta	Forward outside and inside edges, right forward inside 3-turn, lunge
Freestyle 1	Waltz jump, forward inside pivot, forward spiral
Freestyle 2	Half Lutz, one-foot spin, ballet jump
Freestyle 3	Toe loop or toe walley, backward spiral, dance step sequence
Freestyle 4	Loop jump, sit spin, dance step sequence
Freestyle 5	Axel, camel spin, Lutz jump
Freestyle 6	Split jump, Axel/half-loop/flip, spin combination with change of foot and position
Freestyle 7	Double toe-loop or double toe walley, flying camel, jump in opposite direction
Freestyle 8	Double flip, flying sit, double loop

There is no penalty for the number of swizzles, strokes, or crossovers performed at the pre-alpha, alpha, or beta levels; only the qualities of these maneuvers are judged.

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Individual Entry Form

Please fax, e-mail, or turn in your entry form by January 26, 2012.

Last Name: _____ First Name: _____
Date of Birth: _____ M / F Age: _____
ISI #: _____ Highest Test Passed: ISI: _____ USFS: _____
Name of Parent/Guardian: _____ E-mail: _____
Primary Phone: _____ Coach: _____
I/my child has the following health problems or special needs, which the Skating School should know about: _____

Additional Notes: _____

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 _____

Please check off event(s) and indicate level:

Events:
 Solo Program
Level: _____
 Solo Compulsories
Level: _____

Entry Fees: First Event - \$40
Additional Event(s) - \$20 each

I declare that the above information is accurate and that all tests are registered. I declare that the skater is a current member of the ISI and is skating in the appropriate levels and categories.

Signature of coach _____
Date

I/my child skates in this class at my/his/her own risk and hereby release ISI, the host facility, and their officers, directors, instructors, and personnel from all liability. I declare that the above information is true. I do hereby grant and give the ISI and the arena the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes.

Card Type: _____ Card Number: _____
Name on Card: _____ Expiration Date: _____
Amount: _____ Signature: _____