

SOUTH AFRICAN FIGURE SKATING ASSOCIATION
TESTING APPLICATION FORM
Skating Skills Tests

CANDIDATES DETAILS:

SURNAME: _____

FIRST NAME(S): _____

SAFSA MEMBERSHIP NO: _____

HOME ADDRESS: _____

Postal Code: _____

TELEPHONE NUMBER: Code: _____ Number: _____

I hereby apply to be tested for (please indicate with an **X** in the appropriate block):**SKATING SKILLS**

- | | |
|--|---------|
| | Level 1 |
| | Level 2 |
| | Level 3 |
| | Level 4 |
| | Level 5 |
| | Level 6 |
| | Level 7 |

Have you attempted this test before? Yes No Date of previous test: ___ / ___ / ___

I agree to abide by the current rules and regulations as ratified by the Council of SAFSA. I understand that failure to abide and comply with these rules and regulations may result in my test being declared null and void.

CANDIDATES SIGNATURE(if under 18 years of age, parent or guardian to sign)_____
DATE_____
COACHES SIGNATURE(this signature is obligatory)

I hereby enclose R _____ (cheque, postal order, cash) as payment for this application. I understand that the this test application is subject to the availability of space at the next testing event.

Test Fee Payable: R30 per Skating Skills test

For Office Use Only**TEST RESULT:**
(please indicate with an **X**)Skating Skills: Pass Retry Not attempted

TEST SECRETARY SIGNATURE: _____ DATE: _____

SOUTH AFRICAN FIGURE SKATING ASSOCIATION

TESTING APPLICATION FORM

Pairs Tests

BOTH CANDIDATE DETAILS:

| | | |
|-------------------------------|--------------|---------------------|
| SURNAMES: | | |
| FIRST NAME(S): | | |
| SAFSA MEMBERSHIP NO'S: | | |
| HOME ADDRESS: | | |
| | | |
| | | Postal Code: |
| TELEPHONE NUMBER: | Code: | Number: |

I hereby apply to be tested for (please indicate with an **X** in the appropriate block):

PAIRS

Elements in Isolation

Free Skating

Star

Part A Part B

- Class 1
- Class 2
- Class 3
- Class 4
- Class 5
- Class 6

- Preliminary
- Bronze
- Intersilver
- Silver
- Intergold
- Gold

- Bronze
- Silver
- Intergold
- Gold

Have either of you attempted this test before? Yes No Date of previous test: / /

We agree to abide by the current rules and regulations as ratified by the Council of SAFSA. We understand that failure to abide and comply with these rules and regulations may result in our test being declared null and void.

CANDIDATES SIGNATURE

(if under 18 years of age, parent or guardian to sign)

DATE

COACHES SIGNATURE

(this signature is obligatory)

I hereby enclose R _____ (cheque, postal order, cash) as payment for this application. I understand that this test application is subject to the availability of space at the next testing event.

Test Fee Payable: R30 per *Elements in Isolation* test
 R20 per *Free Skating Test, Part A Star and Part B Star Test (per part)*

For Office Use Only

**PAIRS
TEST RESULT:**
(please indicate with an **X**)

- Elements in Isolation: Pass
- Free Skating: Pass
- Star – Part A: Pass
- Star – Part B: Pass

- Retry Not attempted
- Retry Not attempted
- Retry Not attempted
- Retry Not attempted

TEST SECRETARY SIGNATURE: _____

DATE: _____

SOUTH AFRICAN FIGURE SKATING ASSOCIATION

TESTING APPLICATION FORM

Ice Dancing Tests

CANDIDATE DETAILS:

SURNAME: _____

FIRST NAME(S): _____

SAFSA MEMBERSHIP NO.: _____

HOME ADDRESS: _____

Postal Code: _____

TELEPHONE NUMBER: **Code:** _____ **Number:** _____

I hereby apply to be tested for (please indicate with an X in the appropriate block):

ICE DANCING

Compulsory Dances

Star

Compulsory

Original

Free

Bronze
 Silver
 Gold

Bronze
 Silver
 Intergold
 Gold

Intergold
 Gold

Bronze
 Silver
 Intergold
 Gold

Have you attempted this test before? **Yes** **No** Date of previous test: ____ / ____ / ____

I agree to abide by the current rules and regulations as ratified by the Council of SAFSA. I understand that failure to abide and comply with these rules and regulations may result in my test being declared null and void.

CANDIDATES SIGNATURE

(if under 18 years of age, parent or guardian to sign)

DATE

COACHES SIGNATURE

(this signature is obligatory)

I hereby enclose R _____ (cheque, postal order, cash) as payment for this application. I understand that this test application is subject to the availability of space at the next testing event.

Test Fee Payable: R30 per *Compulsory Ice Dancing test*
R20 per *Compulsory Dance Star, Original Dance Star and Free Dance Star test (per part)*

For Office Use Only

ICE DANCING
TEST RESULT:
(please indicate with an X)

Compulsory Dances: *Pass*
Star – Compulsories: *Pass*
Star – Original Dance: *Pass*
Star – Free Dance: *Pass*

Retry
 Retry
 Retry
 Retry

Not attempted
 Not attempted
 Not attempted
 Not attempted

TEST SECRETARY SIGNATURE: _____

DATE: _____

SOUTH AFRICAN FIGURE SKATING ASSOCIATION

TESTING APPLICATION FORM

Synchronised Skating Tests

TEAM DETAILS:

*TEAM NAME: _____

PROVINCE: _____

TEAM MANAGER NAME: _____

OFFICIAL ADDRESS: _____

Postal Code: _____

TELEPHONE NUMBER: Code: _____ Number: _____

**List the team members taking this test on the reverse of this application form.*

I hereby apply to be tested for (please indicate with an X in the appropriate block):

SYNCHRONISED SKATING

| | | |
|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Part A | <input type="checkbox"/> Star | <input type="checkbox"/> Part B |
| <input type="checkbox"/> Silver | | <input type="checkbox"/> Bronze |
| <input type="checkbox"/> Gold | | <input type="checkbox"/> Silver |
| | | <input type="checkbox"/> Gold |

Has the team attempted this test before? Yes No Date of previous test: / /

The team members agree to abide by the current rules and regulations as ratified by the Council of SAFSA. They understand that failure to abide and comply with these rules and regulations may result in the test being declared null and void.

| | | |
|---|-------------|---|
| TEAM MANAGERS SIGNATURE <small>(this signature is obligatory)</small> | DATE | COACHES SIGNATURE <small>(this signature is obligatory)</small> |
|---|-------------|---|

Hereby find enclosed R _____ (cheque, postal order, cash) as payment for this application. I understand that this test application is subject to the availability of space at the next testing event.

Test Fee Payable: R30 per Elements in Isolation test
 R20 per Part A Star and Part B Star (per part)

For Office Use Only

| | | | |
|---|--|--|--|
| SYNCHRONISED SKATING TEST RESULT: (please indicate with an X) | Elements in Isolation: <input type="checkbox"/> Pass Star – Part A: <input type="checkbox"/> Pass Star – Part B: <input type="checkbox"/> Pass | <input type="checkbox"/> Retry <input type="checkbox"/> Retry <input type="checkbox"/> Retry | <input type="checkbox"/> Not attempted <input type="checkbox"/> Not attempted <input type="checkbox"/> Not attempted |
| TEST SECRETARY SIGNATURE: _____ | DATE: _____ | | |

SOUTH AFRICAN FIGURE SKATING ASSOCIATION

SYNCHRONISED SKATING MEMBERSHIP SHEET FOR TESTS

Province Holding Test _____
 Team Name _____
 No. of skaters _____
 Test being taken _____
 Signature of Referee _____

| | | | | | |
|-----|-------|------|--|--|--|
| | | | | | |
| Day | Month | Year | | | |

Coach _____
 Parts _____
 Referee _____

RESULT OF TEST:

| | |
|---------------------|--|
| Part A Star: | |
| Part B Star: | |

SYNCHRONISED SKATING MEMBERSHIP SHEET FOR TESTS

Please note that no reserves or alternates are permitted.

| No | Team Member (Name and Surname) | SAFSA No. |
|----|--------------------------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |

SOUTH AFRICAN FIGURE SKATING ASSOCIATION

APPLICATION FOR ACCREDITATION OF AN INTERPROVINCIAL CHAMPIONSHIP RESULT FOR SINGLES STAR TESTS (RULE L.1.23)

CANDIDATE DETAILS:

SURNAME: _____

FIRST NAME(S): _____

SAFSA MEMBERSHIP NO: _____ **APPLICATION DATE:** _____

PROVINCE DETAILS:

PROVINCE: _____

TEST SECRETARY DETAILS: _____ **E-mail:** _____

CONTACT TELEPHONE NO: **Code:** _____ **Number:** _____

We hereby request Star Test accreditation for (please indicate with an **X** in the appropriate block):

| TEST INFORMATION | | | | SECTION | INTERPROVINCIAL | DATE | TOTAL SEG SCORE | |
|------------------|--------------------------|--------|--------------------------|---------|-----------------|------|-----------------|-----|
| | | | | | | | SP | FSP |
| Bronze | <input type="checkbox"/> | Part A | <input type="checkbox"/> | Part B | JUVENILE | | N/A | |
| Intersilver | <input type="checkbox"/> | Part A | <input type="checkbox"/> | Part B | PRE-NOVICE | | | |
| Silver | <input type="checkbox"/> | Part A | <input type="checkbox"/> | Part B | NOVICE | | | |
| Intergold | <input type="checkbox"/> | Part A | <input type="checkbox"/> | Part B | JUNIOR | | | |
| Gold | <input type="checkbox"/> | Part A | <input type="checkbox"/> | Part B | SENIOR | | | |

Attach: (a) "Judges Details Per Skater" sheet from championship protocol with the candidates program details; and
 (b) "Judges and Technical Panel Information" sheet from competition protocol for section concerned; and
 (c) Copy of "Overall Segment Result" sheet containing Referee and Technical Controller signatures.

Have you attempted/requested accreditation for this test before? Yes No Date: ___ / ___ / ___

We, the undersigned, hereby confirm that the candidate met all the minimum requirements and regulations at the time of attaining the result to also be eligible to attempt the respective Singles Star Test.

We, the undersigned, agree to abide by the current rules and regulations as ratified by the Council of SAFSA. We understand that failure to abide and comply with these rules and regulations may result in this accreditation being declared null and void.

CANDIDATES SIGNATURE
(if under 18 years of age, parent or guardian to sign)

TEST SECRETARY SIGNATURE
(this signature is obligatory)

COACHES SIGNATURE
(this signature is obligatory)

Enclosed find R _____ (cheque, postal order, cash) as payment for this accreditation request.

Accreditation request fee payable to Province: R20 for *Part A and Part B Star Tests (per part)*

For Office Use Only

SINGLES STAR TEST RESULT: (indicate with an X)

Star – Part A: Pass (granted) Retry (denied)

Star – Part B: Pass (granted) Retry (denied)

NTC CHAIRPERSON SIGNATURE: _____ **DATE:** _____

