



# USFS Test Track Skater Affidavit for Level Review

1. This form is for skaters who participate in the USFS Test Track program who cannot meet the current passing standards on the USFS/ISI equivalency chart. If granted, the skater will receive a 1-level reduction from the equivalency chart for the following levels:

Preliminary test – to skate at the ISI Freestyle 3 and/or Open Bronze event level

Juvenile test – to skate at the ISI Freestyle 5 and/or Open Silver event level

Novice test – to skate at the ISI Freestyle 7 and/or Open Gold event level

If this skater wants to compete in any higher-level events in the future, they must pass and register the higher-level test(s) as per the current testing procedures.

This form must be received by the ISI national office at least 30 days prior to the entry deadline for any local, district, or national competition and must be completely filled-out – including all required signatures.

If approved, the coach will receive an e-mail confirmation of the lower equivalency level. The skater must then take the appropriate ISI test (if not already tested), and have the test(s) registered with the ISI national office.

Skater's Name: \_\_\_\_\_ ISI # \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ M or F (circle one)

Home Rink/Club/School: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

USFS test level: \_\_\_\_\_ Date passed: \_\_\_\_\_ ISI test level: \_\_\_\_\_

Date of competition: \_\_\_\_\_ Entry deadline: \_\_\_\_\_ Location: \_\_\_\_\_

I confirm and attest that I am not able to complete the current equivalency level testing requirements and I am requesting a 1-level reduction from the current USFS/ISI equivalency chart.

\_\_\_\_\_  
Skater signature / Date

\_\_\_\_\_  
Parent signature / Date

Coach Name: \_\_\_\_\_ Professional # \_\_\_\_\_

Email address: \_\_\_\_\_

I certify and confirm that this skater is truly unable to complete the current equivalency test level requirements. I further confirm that the requested level above matches the true skating ability level of this skater.

\_\_\_\_\_  
Coach signature

\_\_\_\_\_  
Date

**This level review process is being done as a trial program only and may be cancelled or changed at any time.**