

Creativeskating.com: Authorization of Choreography Evaluation

Parent's or Legal Guardian's Authorization Section

I (Parent's Name: please print) _____ authorize Elizabeth Hollett Shackett to conduct a choreography evaluation of my child's skating program. I understand that I must provide a video of my child's skating program for this evaluation. I also understand suggestions will be made to enhance and develop my child's skating program. Thus, Elizabeth Hollett Shackett, Creativeskating.com and any of its affiliates are not responsible for my child's performance and/or results in any type of on or off-ice venue including, but not limited to test(s), competition(s), ice show(s), and any coaching changes.

Adult Skaters Authorization Section (if skater is 18 and over)

I (Skater's Name: please print) _____ authorize Elizabeth Hollett Shackett to conduct a choreography evaluation of my skating program. I understand that I must provide a video of my skating program for this evaluation. I also understand suggestions will be made to enhance and develop my skating program. Thus, Elizabeth Hollett Shackett, Creativeskating.com and any of its affiliates are not responsible for my performance and/or results in any type of on or off-ice venue including, but not limited to test(s), competition(s), ice show(s), and any coaching changes.

Head Coach Authorization Section (Required)

I (Head Coach's Name: please print) _____ authorize Elizabeth Hollett Shackett to conduct a choreography evaluation of my students skating program. I understand that my student must provide a video of their skating program for a choreography evaluation to be conducted. Furthermore, suggestions will be made to enhance and develop my student's program. Thus, Elizabeth Hollett Shackett, Creativeskating.com and any of its affiliates are not responsible for my student's performance and/or results in any type of on or off-ice venue including, but not limited to test(s), competition(s), ice show(s), and any coaching changes.

The evaluation data and feedback will be given to the head coach named below.

Implementation of any suggestions stated in the evaluation will be at the discretion of the head coach.

Skater's Name: _____ Date: _____

Skater's Signature: _____ Date: _____

Skater's E-mail (if applicable): _____

Head Coach's Name: _____ Date: _____

Head Coach's Signature: _____ Date: _____

Head Coach's E-mail: _____

Parent's/Guardian's Name (if under 18): _____ Date: _____

Parent's/Guardian's Signature (if under 18): _____ Date: _____

Parent's/Guardian's E-mail: _____