Performance Affidavit for Virtual Test Submission



This form must be completed by the athlete(s) submitting a video for virtual test credit, in addition to their coach, the videographer, and the proctor on the day of the performance. In completing this form, all parties certify the information on this form is accurate and all rules of Virtual Testing were abided by. (Videographer and proctor do not need to be U.S. Figure Skating members.)

Athlete Information

| Name | U.S. Figure Skating # | |
|-----------------|-----------------------|--|
| Email Address | Phone | |
| Tests Submitted | | |

Recording Details

| Arena/Rink Name: | Arena/Rink City, State: | |
|------------------|-------------------------|--|
| Recording Date: | Recording Time: | |

Athlete Signature

| time above. I further attest that the performance was one continuous program and was not edited prior to submission. | □ I certify that the recording submitted was recorded on the date and |
|--|---|
| was one continuous program and was not edited prior to submission. | time above. I further attest that the performance |
| | was one continuous program and was not edited prior to submission. |

Coach Information

| Name | U.S. Figure Skating # | |
|---------------|-----------------------|--|
| Email Address | Phone | |

Coach Signature

| time above. I further attest that the performance | I certify that the recording submitted was recorded on the date and |
|---|--|
| was one continuous program and was not edited prior to submission | time above. I further attest that the performance |
| was one continuous program and was not edited phor to submission. | was one continuous program and was not edited prior to submission. |

Videographer Information

| Name | U.S. Figure Skating # | |
|---------------|-----------------------|--|
| Email Address | Phone | |

Videographer Signature

| □ I certify that the recording submitted was recorded on the date and |
|---|
| time above. I further attest that the performance |
| was one continuous program and was not edited prior to submission. |

Proctor Information - The proctor must be an impartial person of authority (i.e., rink management, skating school director or local skating official) but may NOT be a coach/choreographer who has worked with the athlete, training mate or a parent/guardian (of the athlete or any training mates)

| Name | U.S. Figure Skating # | |
|---------------|-----------------------|--|
| Email Address | Phone | |

Proctor Signature

| □ I certify that the recording submitted was recorded on the date and |
|---|
| time above. I further attest that the performance |
| was one continuous program and was not edited prior to submission. |