



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 | | | |
| Lead or Follow Partnered test (if applicable) | | | |
| Dance/Pair Partner name (if applicable) | | | |
| Dance/Pair Partner USFS# (if applicable) | | | |

Recording Details

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

Athlete Signature

| | |
|-------|---|
| _____ | <input type="checkbox"/> 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. |
|-------|---|

Coach Information

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

Coach Signature

| | |
|-------|---|
| _____ | <input type="checkbox"/> 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. |
|-------|---|

Videographer Information

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

Videographer Signature

| | |
|-------|---|
| _____ | <input type="checkbox"/> 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

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

Proctor Signature

| | |
|-------|---|
| _____ | <input type="checkbox"/> 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. |
|-------|---|