

US Figure Skating & St. Paul FSC Membership Application

For December 1, 2008 to May 31, 2009

Skater Memberships Home Club & Associate

\$100 Senior: Includes: US Figure Skating Membership & Skating Magazine, Voting[^], Test and Ice Purchase Privileges, Club Newsletter

\$50 Junior: (not yet passed Pre Pre Moves Test) Includes: US Figure Skating Membership & Skating Magazine, Voting, Test & Ice Time Purchase Privileges, Club Newsletter

\$30 Each additional skater in family: Includes: US Figure Skating Membership, Voting, Test & Ice Purchase Privileges,

\$20 Basic Skills): Includes: US Figure Skating Basic Skills Membership, ice purchases limited to Learn to Skate, Academy & Pre Bronze Edges Classes, Club Newsletter

^Note: Associate skating members receive only Ice Time Purchase Privileges, Club Newsletter – cost is same as home club

Coach Memberships

\$80 Staff Coaches: Includes: US Figure Skating Membership & Skating Magazine, Voting, Club Newsletter

\$40 Associate Coaches (first year teaching at St. Paul or specializing in beginners): Includes: US Figure Skating Membership & Skating Magazine, Voting, Club Newsletter

Sustaining/Collegiate Membership

\$50 Sustaining/Collegiate: Includes: US Figure Skating Membership & Skating Magazine, Voting, Club Newsletter, Note: Collegiate skaters receive test privileges, summer contract & random school year ice purchase privileges.

Optional Member Services

\$10 US Figure Skating Binder

\$20 2008/2009 US Figure Skating RuleBook Pages

\$50 Annual Fee to use the Wireless at Pleasant Arena (connection & password info will be emailed to you)

Last name:

First name:

Parents:

Address:

City/State:

Zip Code:

Email:

Phone #:

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Fax #:

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US FIGURE SKATING #:

US FIGURE SKATING TEST LEVEL:

As of December 1, 2008

MIF:

FS:

Coach:

Home Club:

Birthdate:

Gender:

Check # _____ Enclosed for \$ _____

Return form & check payable to
St. Paul FSC to:

SPFSC %Lexie Kastner
P O Box 296, Deerwood MN 56444

Please complete the following on the
back of this form:

- Terms and Waiver Forms
- Photo Release Form

*Memberships will not be accepted unless
all forms are signed. Thanks!*

St. Paul FSC Membership Signature Page ~ December 1, 2008 to May 31, 2009

**St. Paul Figure Skating Club Waiver & Release of Liability,
Assumption of Risk & Indemnity Agreement ("Agreement")**

In consideration of participating in St. Paul Figure Skating Club activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity".

I hereby release, discharge, and covenant not to sue the St. Paul Figure Skating Club, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage or cost which any may incur as the result of such claim.

The St. Paul Figure Skating Club has the right but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge the St. Paul Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

X _____

Signature of Participant

Dated: ___/___/200__

Printed Name of Participant

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

X _____

Signature of Parent/Guardian or Skater over 18 years of age

Dated: ___/___/200__

Printed Name of Parent/Guardian or Skater over 18 years of age

ST. PAUL FIGURE SKATING CLUB PHOTO RELEASE

The St. Paul FSC has my permission to use pictures of my child taken during the membership year 6/1/2008-5/31/2009 in any ads and/or media releases, now and in the future, that they deem appropriate to further public awareness of the St. Paul FSC program and the sport of figure skating.

X _____

Signature of Parent/Guardian or Skater over 18 years of age

Dated: ___/___/200__

Printed Name of Parent/Guardian or Skater over 18 years of age



Medical Emergency Reference Form

Skater Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Mother's Name _____ Work Ph _____ Cell Ph _____ Pager _____
 Father's Name _____ Work Ph _____ Cell Ph _____ Pager _____
 Emergency Contact (If parents can't be reached)
 Name _____ Phone _____
 Doctor _____ Phone _____
 Dentist/Orthodontist _____ Phone _____
 Hospital Preference _____
 Medical Insurance Co.: _____ Policy # _____

Pre-existing conditions:

Contact Lens	<input type="checkbox"/> yes <input type="checkbox"/> no	Asthma	<input type="checkbox"/> yes <input type="checkbox"/> no	Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no
Allergies	<input type="checkbox"/> yes <input type="checkbox"/> no	Please specify			

Other conditions _____

Please state any additional health-related information that you feel would be pertinent for a rescue team to know:

In the event of a serious injury or illness and I cannot be reached, I hereby authorize the doctor or treatment center listed above to treat my child. If necessary, an ambulance may be called. Cost of the ambulance is my responsibility.

Signature of parent or guardian: _____ Date _____

Is anyone in your family certified for CPR and/or First Aid? yes no Please list their name and certification on the back of this form.

CONSENT FOR MEDICAL ATTENTION OR TREATMENT
shall be binding and effective for the 2008-2009 membership year of St. Paul Figure Skating Club.

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the St. Paul Figure Skating Club and the facility the activities are taking place in and their staff and to members of the St. Paul Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

Name of 1st minor child member (please print) _____ Name of 2nd minor child member (please print) _____

Name(s) of Parent(s)/Guardian(s) _____
(please print)

1st Parent/Guardian Signature _____ Date _____

2nd Parent/Guardian Signature _____ Date _____

Name of Adult Member _____
(please print)

Adult Member Signature _____ Date _____

Complete and mail this form with your membership form. Thank you.

