



**Flagstaff Figure Skating Club
USFSA Club #4495
Membership Application**

Personal Information (Please Print):

Name:		USFSA# or Previous Club if known:	
Address:			
City:		State:	Zip:
E-Mail Address*:		Date of Birth: / /	
Home Phone:	Work Phone:	Cell Phone:	

**E-mail address is needed for updates on ice schedules and club events. If you choose not to supply your e-mail, it is your responsibility to check the club bulletin board at the rink, website, and Facebook page for updates.*

USFSA Information:

USA Citizen	Y	N	Gender	M	F
Primary Activity (Choose one):	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Coach		<input type="checkbox"/> Competitive Skater		
	<input type="checkbox"/> Recreational Skater <input type="checkbox"/> US Figure Skating Official		<input type="checkbox"/> Club Office/Board Member		
	<input type="checkbox"/> Other				
Check any others that apply:	<input type="checkbox"/> Adult Skater	<input type="checkbox"/> Synchro	<input type="checkbox"/> Collegiate	<input type="checkbox"/> Competitive Skater	
	<input type="checkbox"/> Coach	<input type="checkbox"/> Recreational Skater	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> US Figure Skating Official	
	<input type="checkbox"/> Club Official/Volunteer				
Eligibility Status (Choose one):	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Restricted		

Membership Category (see www.FlagstaffFigureSkatingClub.com/membership.html for an explanation):

<input type="checkbox"/> Introductory Membership \$35 new members only	<input type="checkbox"/> Collegiate Membership \$95 valid four years
<input type="checkbox"/> Full Membership \$55	<input type="checkbox"/> Additional Family Member \$28
<input type="checkbox"/> Associate Membership \$30	Associates Home Club:
<input type="checkbox"/> Board Member	

If my application for membership in the Flagstaff Figure Skating Club (FFSC) is accepted, I agree to abide by all rules & regulations of the Club. I waive any right to claim damages against the FFSC, its officers, directors, and members, and release any & all of them from any liability that may arise out of my membership in the Club. I authorize the club to use photos of me taken at club events to be used solely to promote the club, subject to my approval for each use. Finally, I understand that the FFSC reserves the right to refuse or cancel my membership.

Signature of Applicant: _____ **Date:** _____

Signature of Parent or Guardian (Junior): _____

Printed Name of Parent or Guardian: _____

Board use only:

Received by Membership Chair	(Date)	(Initials)	Approved by Board of Directors	(Date)	(Initials)
Dues Paid	(Date)	(Amount)	USFSA registration		

(revised 7/28/10)



Code of Conduct Agreement

This agreement is between the Flagstaff Figure Skating Club and Club member. It acknowledges that the member and parent or guardian (i.e., if the skater is a minor) received and understands the Code of Conduct of the Flagstaff Figure Skating Club.

1. I have read and understand the “Flagstaff Figure Skating Club Code of Conduct”.
2. I understand that the terms of this agreement are in effect while I am a member of or participating in activities of the Flagstaff Figure Skating Club.
3. I accept the Flagstaff Figure Skating Club Code of Conduct, and understand that violation of this agreement can result in removal from the ice, disciplinary action from the FFSC Board, and suspension from the Club and/or rink.

Name of Member: (please print) _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Board Officer or Agent _____ Date: _____

This Agreement must be reviewed, signed, and witnessed by a Flagstaff Figure Skating Club officer before the member will be allowed to skate on Club ice.



**Flagstaff Figure Skating Club
Parental Medical Release**

I, _____ (printed Name of Parent/Legal Guardian), do hereby authorize Flagstaff Figure Skating Club (FFSC), its agents, administrators, directors, officers, or volunteers to obtain whatever medical treatment, aid, or care deemed necessary on an emergency basis for my minor child, _____ (Printed Name of Child), if said minor child should be injured or stricken ill while participating in a FFSC activity. **This release shall be in effect for the period from _____ (Today's Date) through the end of the FFSC Season.**

The FFSC does not carry individual accident or health insurance. Please complete the following:

My child's doctor is: _____ Phone # _____

My Medical Insurance Company is: _____

Policy #: _____ ID #: _____

Policyholder Name: _____

Signatures:

Printed Name of Participant

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



U.S. Figure Skating and Flagstaff Figure Skating Club Waiver and Release and Assumption of Risk Agreement

In consideration of my participation in any U.S. Figure Skating and/or Flagstaff Figure Skating Club (FFSC) sponsored activity, I acknowledge that:

1. I understand the risks & dangers inherent in skating in general and in the activities of the FFSC & U.S. Figure Skating, and believe I (or the minor that I represent as parent/guardian) am/is qualified, in good health, and in proper physical condition to participate in such activities. I further acknowledge that if at any time I believe conditions are unsafe, I (or the minor I represent) will discontinue participation.
2. I fully understand that skating and the activities of the FFSC & U.S. Figure Skating involve risks of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers can be caused by my own actions (or inactions), by the actions (inactions) of others participating in the activity/event, the condition(s) in which the activity/event takes place, or the negligence of the "releasees" named below. There may also be other risks not known to me (or the minor I represent) or foreseen at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I (or the minor I represent) incur as a result of my/our participation in the activity.
3. I hereby release, discharge, covenant not to sue, and hold harmless U.S. Figure Skating, its Member Clubs, their respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors and advertisers, and (if applicable) owners and lessors of premises on which a U.S. Figure Skating or FFSC-sanctioned activity/event that I (or the minor child I represent) participate in takes place from all liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful, or wanton misconduct of the "releasees" herein. If I, or anyone on my behalf/or my minor child's behalf makes a claim that does not arise from the gross negligence of, or intentional, willful, or wanton misconduct of the "releasees" herein, I will indemnify, defend, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost any may incur as a result of such claim.

I have read this agreement, fully understand its terms, 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. I 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, that the balance notwithstanding shall continue in full force and effect.

Printed Name of Participant Signature of Participant Date

Printed Name of Parent/Guardian Signature of Parent/Guardian Date