



St. Clair Shores Figure Skating Club

~ Member Application/2010-2011 Season ~

NOTE: Service Hour Fee of \$100.00 will be collected with F/W/S Contract in August

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| <input type="checkbox"/> Introductory (ISI/Basic Skills) | First Year Only, May Not Vote | \$75.00 |
| <input type="checkbox"/> First Club General Membership | Skater & One Parent, Parent May Vote | \$170.00 |
| - Additional First Club Family Member(Sibling Skater) | Skater , May Not Vote | \$85.00 |
| - Additional First Club Family Member(Parent Skater) | Parent Who Skates, May Vote | \$85.00 |
| - Additional First Club Family Member(Adult + 18) | Non-Skater, May Vote | \$55.00 |
| <input type="checkbox"/> First Club Adult Membership (Adult +18) | Adult Skater, May Vote | \$115.00 |
| <input type="checkbox"/> First Club Collegiate Membership (enrolled in college) | Adult Skater, May Vote | \$100.00 |
| <input type="checkbox"/> Second Club Membership (Skater Only) | Skater, May Not Vote | \$135.00 |
| <input type="checkbox"/> Second Club Saturday Membership | Skater, May Not Vote | \$80.00 |
| <input type="checkbox"/> Board Member/Alumni Board member (With Skater) | Skater & Parent(w/one year of service),Parent Votes | \$90.00 |
| <input type="checkbox"/> Board Member/Alumni Board Member (No Skater) | Parent w/one year of service, May Vote | \$45.00 |
| <input type="checkbox"/> Synchronized Skating Membership (Skater Only) | Skater, May Not Vote | \$135.00 |

Skater Name _____ USFSA # _____ Birth Date _____

Address _____ City _____ State _____ ZIP _____

Home phone _____ Skater Email Address _____

Last LTS/ISI/Basic Skills Test Passed: _____ Date of Test: _____

Last USFS Freestyle Test Passed: _____ Date of Test: _____

Last USFS Field Move Test Passed: _____ Date of Test: _____

Skaters Former Club OR LTS/Basic Skills Program: _____
 (for Second Club Members and skaters coming from LTS/Basic Skills, requires a signed release prior to approval of membership)

Parent/Legal Guardian Name: _____ USFS #: _____

Address: _____

Email Address: _____ Home Ph: _____ Cell Ph: _____

As a condition precedent to membership approval, the undersigned hereby agrees:

1. To abide by the By-Laws and Rules of Conduct of the SCSFSC. (By-Laws are available in the Club office.)
2. The SCSFSC is not liable for any injury a child may incur while participating in any SCSFSC sponsored activity.
3. That all schedules are subject to change or cancellation as a result of special events or test days, or as a result of actual revenues or expenditures varying from budget forecasts. There will be **no refunds** of any fees due to changes in schedules or unforeseen cancellations.
4. That a skater's use of ice, testing, participation in competitions and "Reflections on Ice" ice show, are predicted upon payment of ice fees and service hours to the Club in accordance with the schedule published by the SCSFSC.
5. All Membership applications are subject to the approval of the Board of Directors

Applicant's Signature (or parent/guardian if under 18) _____ **Date** _____

Please complete this entire application along with the blue USFSA membership form. Applicants under 18 must also include a parent/guardian membership form. All applications must be approved by the Board of Directors.

To be completed by SCSFSC Office Staff

Date application received _____ **Check #** _____ **Check Amount** _____ **Initials** _____
Membership deposit amount _____ **Service Hour deposit amount** _____ **Contract deposit amount** _____