



Bolton Figure Skating Club Membership Form 2011-2012

Name of Skater:		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
USFSA#		US Citizen?		Birthdate:			
Parent/Guardian if Member is Under 18:							
Street Address:		City:		State:		Zip:	
Telephone Number - Home:			Work:		Cell:		
Home Club:			Email(s):				
Name of School Attended:			Principal's Name:				
School Address:		City:		State:		Zip:	
Skating Tests Passed: MIF: _____ Dance: _____ Free: _____ Pair: _____							

Annual Membership*Renewal: New:

- | | |
|--|--|
| <input type="checkbox"/> First family member \$110 | <input type="checkbox"/> Non-Home Club \$80 |
| <input type="checkbox"/> Introductory first family member \$95
(Applicable to first year USFS membership) | <input type="checkbox"/> Board Member (non-skating)...\$20 |
| <input type="checkbox"/> Additional family member (per person).....\$95 | <input type="checkbox"/> Honorary Member |
| <input type="checkbox"/> Collegiate membership(\$135-year 1, \$65 years 2-4) | |

Membership: _____ Check # _____ Date: _____

New Members, please complete the following:

Name of previous skating club you belonged to: _____

Last year you belonged to the above club: _____

Prior USFSA# (if known): _____

It is fully understood and agreed, that the Bolton FSC, Inc. assumes no responsibility or liability for injuries or loss of property, which might occur during club sessions or activities. In making this application, the undersigned hereby waives any claims or legal action against the Bolton FSC and its officers and directors.

In applying for membership, I hereby agree to abide by the constitution, by-laws, and posted rules of the Bolton FSC.

Signature of Skater: _____ Date: _____
(Parent or guardian if under 18)Fees payable to: **Bolton FSC****Please return to: Bolton FSC, 145 Hop River Road, Bolton, CT 06043 – ATTN: Membership**

Membership fee will not be prorated, is non-refundable, and includes your USFSA membership and your subscription to Skating Magazine, which will be sent directly to your home (one per family).

Annual membership year is July 1st to June 30th.



Bolton Figure Skating Club

Medical Information & Release

(Please print. If additional space is required, please attach an additional sheet.)

Bolton Figure Skating Club Participant Waiver

I understand that if the skater undersigned hereby is deemed by the board of directors to be in danger to him/herself or anyone else, or to be interfering with other skaters, he/she may be asked to stop skating. It is fully understood and agreed, that the Bolton Figure Skating Club, Inc. and/or Bolton Ice Palace assume no responsibility or liability for injuries or loss of property, which might occur during freestyle sessions. In acceptance of this WAIVER the undersigned, on his/her behalf if the skater is an adult, and, if the skater is under 18 years old, then on behalf of the skaters as well, hereby waives all claims and legal actions against the Bolton FSC, the Bolton Ice Palace and their respective directors, officers and employees.

Full Name: _____ Date of Birth: ____/____/____

USFSA Number: _____ E-mail: _____

General Medical Information Doctor's Name: _____ Phone: _____

List any allergies: _____

Medical Release

Name: _____ Home Phone(s): _____

Emergency #s: _____

Name of Alternate Contact: _____ Phone #: _____ Relationship: _____

During the 2011-2012 season, I, _____, give my permission for Bolton Figure Skating Club and Bolton Ice Palace representatives to act on behalf of _____, in case of medical emergencies. This includes administering of medication as needed and allowing emergency medical care if required. In case of a medical emergency, I understand that every effort will be made to contact the alternate contact person stated above. I give my permission to the attending physician to make whatever arrangements are necessary and prudent to give medical care and treatment in the event such contact cannot be made.

Signature: _____ Date: _____

2011-2012 Publicity Release

I understand that my name and picture may appear in the local media and/or the Bolton FSC website, as part of efforts to promote the Bolton Figure Skating Club and related functions. I hereby grant my permission for use of the skater's name and/or photographs/videos to be used in conjunction with such efforts this year and in the future.

Signature: _____ Date: _____

2011-2012 Statement of Understanding

I have read, understand, and agree to the conditions set forth by the Bolton FSC and agree to abide by the code of conduct as well as the rules and decisions of the Executive Board.

Signature: _____ Date: _____