

Tri-Cities Figure Skating Club 2009-2010 Introductory Member Registration

Skating Member's Last name: _____ First name: _____
 Additional Skater's Last name: _____ First name: _____
 Additional Skater's Last name: _____ First name: _____

Introductory Membership: **Base Fee: _____ \$40**
 Number of additional skaters (at \$15 each): _____ **Additional member Fee: _____ \$**

- Must register for Club classes: \$50/month per skater for weekly 30 minute Monday Club class and 15 minute warm-up (prepaid monthly) (Sept-May Only)
- Optional Wednesday Club Classes \$12 (FS2 and up)
- No Fundraising and No Volunteer time required
- May Purchase Punch Cards (Discounted ice fees)
- USFS Competitions
- TCFSC Activities
- Ineligible for TCFSC scholarships and grants

Introductory membership is restricted to those who have not previously been TCFSC members and is valid for one year only. Introductory memberships **MUST** register and commit to fees for Club classes for 9 months. Voluntary termination of TCFSC membership does not release you from this commitment.

2009-2010 TRI-CITIES FIGURE SKATING CLUB Waiver and Risk Assumption Agreement

In consideration of my participation in any Tri-Cities Figure Skating Club (TCFSC) program or activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks including but not limited to serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the events takes place, or the negligence of the Releases named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully knowingly and voluntarily accept and assume all such risks and all responsibility for losses, costs, and damages I incur as results of my participation in the activity.

I hereby knowingly and voluntarily release, discharge, and covenant not to sue the TCFSC, its members, their respective administrators, directors, agents, officers, volunteers, and employees, and any sponsors and advertisers of any TCFSC event in which I participate (each considered one of the Releases 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 Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wonton misconduct of Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of, or intentional, willful or wonton misconduct of Releases against any of the Releases, I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which may incur as the result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

(though not exclusive)
 Signature of Member: _____

Signature of Parent/
 Legal Guardian _____
 (If participant is under age 18) Date _____

The above signatures acknowledge that the parent and/or skater have read, discussed, and understand these rules and the consequences for not adhering to said rules.

TCFSC 2009-2010
Authorization for Emergency Medical Treatment

Name of Skater: _____ Birthdate: _____
Name of Additional Skater(if applicable): _____ Birthdate: _____
Name of Additional Skater(if applicable): _____ Birthdate: _____
Address: _____ Email: _____
City: _____ State/Zip: _____
Home telephone: _____ Work telephone: _____ Cell: _____

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If skater(s) is under age 18, please complete the following:

Parent's/ Guardian name: _____ Home telephone: _____
Parent/Guardian to be contacted: _____ Telephone: _____
Alternate contact: _____ Telephone: _____
Physician's name: _____ Telephone: _____
Medical/hospital preference: _____
Name of Insurance Company _____ Policy# _____
Please list any medical conditions, medicine allergies, or other treatments we should be aware of:

As a result of any conditions listed, is physical activity limited: _____ Yes _____ No

In the event that I am unavailable, I hereby give permission for _____ to receive emergency medical treatment by qualified medical personnel, should it become necessary.

Parent/Guardian signature: _____ Date _____

2009-2010 Membership Contract

Upon signing this contract, I agree to pay the selected annual membership fee described for the whole season beginning July 1, 2009 and running through June 30, 2010. I also agree to pay on a monthly basis for Club classes for which I am required to register. I understand that I am committed to 9 months of these classes and termination of my membership does not release me from my financial obligations. I can choose to withdraw my membership from the TCFSC at anytime, and in doing so, I will provide the TCFSC Board of Directors a written request.

I agree to abide by the Constitution, By-laws, and Code of Conduct of the Tri-Cities Figure Skating Club, US Figure Skating, and Toyota Arena. As a parent of a skater under the age of 12, I am responsible for my skater's actions and behavior on and off the ice and will not leave them unsupervised at the rink without designating another adult responsible during my absence. Violation of this responsibility will be disciplined in the same manner as violations to the Code of Conduct.

Names of Skater(s): _____

Signature of Member(s): _____ Date signed: _____
(If age 18 or over)

Signature of Parent/Legal Guardian: _____ Date signed: _____
(If participant is under age 18)

Signature of TCFSC Officer: _____ Date signed: _____