

Office Use Only: Date _____ Check # _____ or Cash _____ Amount \$ _____

IceWorks Skating Club Membership Application July 1, 2011 - June 30, 2012

First Family Member _____ (NOTE: **Please list all subsequent Family Members residing at the address listed on the back of this form**)

Prefix: Mr. _____ Mrs. _____ Ms. _____ Miss _____ Dr. _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Male _____ Female _____ Birth Date _____

USFS Number _____ Current Home Club _____

US Citizen? Yes _____ No _____ If checked 'No', what is your country of citizenship? _____

Emergency Contact Name _____ Phone _____

Interests: Please check all that are appropriate

<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Coach / Choreographer	<input type="checkbox"/> USFS Officer / Official / Judge
<input type="checkbox"/> IWSC Board Member / Officer	<input type="checkbox"/> Competitive Skater	<input type="checkbox"/> Recreational Skater
<input type="checkbox"/> Adult Skater	<input type="checkbox"/> Synchronized Skater	<input type="checkbox"/> Collegiate
<input type="checkbox"/> Charter Club Member	<input type="checkbox"/> Other – specify _____	

Upon completing this form representing members will automatically receive a membership for United States Figure Skating. You will receive your United States Figure Skating membership card directly from United States Figure Skating.

Please note that if you transfer from another skating club during the membership year. You must provide a change of home club form signed by the club President. Also, note that United States Figure Skating only allows you to change your Representing Club Membership once during a skating season.

Check One Membership Type Below

<input type="checkbox"/> Renewal	<input type="checkbox"/> Non-Representing Member
<input type="checkbox"/> New Member	<input type="checkbox"/> Introductory Member (new member who never had a USFS Membership)
<input type="checkbox"/> Transfer	

A first time US Figure Skating membership will be discounted \$15.00 (applies to one skater per membership)

Annual Dues (July 1- June 30) Information – Please Check One

<input type="checkbox"/> Family Membership* \$170.00	<input type="checkbox"/> Individual Membership \$110.00
<input type="checkbox"/> Non-Representing Membership \$75.00	<input type="checkbox"/> Additional Member \$50.00

* Family membership includes up to 4 family members. Additional members will be charged at the additional member rate.

Parent Information (skater under 18):

Parent/Guardian Name _____ (Please Print) Phone _____ (if not listed above)

Parent/Guardian Name _____ (Please Print) Phone _____ (if not listed above)

I (We) agree to comply with the bylaws and rules of IceWorks Skating Club and pay all applicable dues.

Signature of Skater

Signature of Parent/Guardian if skater under 18

*** Please remember to notify us if any of your contact information changes during the year. ***

Please return to Club mailbox in IceWorks Skating Complex office or mail to:
IceWorks Skating Club, Attention: Membership Chair
3100 Dutton Mill Rd., Aston, PA 19014

Prefix: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___
 First Name _____ MI _____ Last Name _____
 Relationship to First Member _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____ Male ___ Female ___ Birth Date _____
 USFS Number _____ Current Home Club _____
 US Citizen? Yes ___ No ___ If checked 'No', what is your country of citizenship? _____
 Emergency Contact Name _____ Phone _____

Interests: Please check all that are appropriate

___ Parent / Guardian ___ Coach / Choreographer ___ USFS Officer / Official / Judge
 ___ IWSC Board Member / Officer ___ Competitive Skater ___ Recreational Skater
 ___ Adult Skater ___ Synchronized Skater ___ Collegiate
 ___ Charter Club Member ___ Other – specify _____

Prefix: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___
 First Name _____ MI _____ Last Name _____
 Relationship to First Member _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____ Male ___ Female ___ Birth Date _____
 USFS Number _____ Current Home Club _____
 US Citizen? Yes ___ No ___ If checked 'No', what is your country of citizenship? _____
 Emergency Contact Name _____ Phone _____

Interests: Please check all that are appropriate

___ Parent / Guardian ___ Coach / Choreographer ___ USFS Officer / Official / Judge
 ___ IWSC Board Member / Officer ___ Competitive Skater ___ Recreational Skater
 ___ Adult Skater ___ Synchronized Skater ___ Collegiate
 ___ Charter Club Member ___ Other – specify _____

Prefix: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___
 First Name _____ MI _____ Last Name _____
 Relationship to First Member _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____ Male ___ Female ___ Birth Date _____
 USFS Number _____ Current Home Club _____
 US Citizen? Yes ___ No ___ If checked 'No', what is your country of citizenship? _____
 Emergency Contact Name _____ Phone _____

Interests: Please check all that are appropriate

___ Parent / Guardian ___ Coach / Choreographer ___ USFS Officer / Official / Judge
 ___ IWSC Board Member / Officer ___ Competitive Skater ___ Recreational Skater
 ___ Adult Skater ___ Synchronized Skater ___ Collegiate
 ___ Charter Club Member ___ Other – specify _____

Waiver: Assumption of Risk and Release (All members must sign. Parent/Guardian must sign for members under 18)

I/We understand that participating in the sport of figure skating may result in injury, including paralysis or death. I/We voluntarily and knowingly recognize, accept, and assume this risk and release the IceWorks Skating Club and its agents and affiliates from any liability thereof.

Member Name _____ Signature _____ Date: _____

Member Name _____ Signature _____ Date: _____

Member Name _____ Signature _____ Date: _____

Member Name _____ Signature _____ Date: _____

Membership Committee Use Only: _____