

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

## IceWorks Skating Club Membership Application July 1, 2012 - June 30, 2013

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 \_\_\_\_\_

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Prefix: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr. \_\_\_  
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**Interests: Please check all that are appropriate**

\_\_\_ Parent / Guardian                      \_\_\_ Coach / Choreographer                      \_\_\_ USFS Officer / Official / Judge  
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 \_\_\_ Adult Skater                      \_\_\_ Synchronized Skater                      \_\_\_ Collegiate  
 \_\_\_ Charter Club Member                      \_\_\_ Other – specify \_\_\_\_\_

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 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
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**Interests: Please check all that are appropriate**

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 \_\_\_ IWSC Board Member / Officer                      \_\_\_ Competitive Skater                      \_\_\_ Recreational Skater  
 \_\_\_ Adult Skater                      \_\_\_ Synchronized Skater                      \_\_\_ Collegiate  
 \_\_\_ Charter Club Member                      \_\_\_ Other – specify \_\_\_\_\_

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**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:** \_\_\_\_\_