

# SHAKER FIGURE SKATING CLUB

## MEMBERSHIP APPLICATION

JULY 1, 2011 - JUNE 30, 2012

PLEASE PRINT

CHECK HERE IF ANY CONTACT INFO HAS CHANGED

SKATER'S NAME: \_\_\_\_\_ USFS NUMBER \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS\* \_\_\_\_\_ US Citizen? Yes No

\*very important; majority of communications occur via e-mail

SKATER'S AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME CLUB \_\_\_\_\_

(required)

HIGHEST TEST PASSED \_\_\_\_\_ MOVES \_\_\_\_\_ FREESTYLE \_\_\_\_\_

COACH \_\_\_\_\_ MOVES \_\_\_\_\_ FREESTYLE \_\_\_\_\_

### MEMBERSHIP FEE: choose one level of membership

Each family member must complete a separate membership application and waiver form

Home Club Member \$95 \_\_\_\_\_

**Introductory Member\*** **\$70** \_\_\_\_\_ (special rate for those who have not previously been a club or individual member of U.S. Figure Skating)

2nd Family Member \$45 \_\_\_\_\_

3rd Family Member \$35 \_\_\_\_\_

Associate Member \$45 \_\_\_\_\_

Collegiate Member **\$70** \_\_\_\_\_ (4-year membership through June 2015)

TOTAL AMOUNT DUE WITH APPLICATION \_\_\_\_\_

Make checks payable to: SHAKER FIGURE SKATING CLUB

DUE DATE: June 30, 2011

**All previous financial obligations with this Club or any other club must be paid before the application can be processed.**

- Mail: 1. Completed and signed Membership Application  
2. Payment  
3. Release and Emergency Information Form

Mail to: **Nancy Schachtel**  
**Shaker Figure Skating Club**  
**3365 Elsmore Road**  
**Shaker Hts., OH 44120**

I agree to abide by the Shaker Figure Skating Club Constitution and By-Laws governing all Club activities.

(This means that parents and/or guardians are governed by the same rules of conduct and club by-laws as your minor child or children). I recognize my financial liability for the full Fall/Winter Session and hereby agree to pay all balances due for the ice time contracted for and reserved in my name, or in the name(s) of members of my family, or in the name(s) of those for whom I am guardian. I understand that accounts not paid up-to-date will result in a loss of ice privileges, test and/or competition privileges. If I have any questions I may contact **the Membership Administrator, Nancy Schachtel, at 216-767-0035, or e-mail at schachtelcastle@gmail.com.**

Signed \_\_\_\_\_  
(skater)

\_\_\_\_\_  
(parent or guardian if skater is under 18 years)

Permission is granted to use my child's picture in future advertisement, literature, and for events sponsored and conducted by the SFSC.

\_\_\_\_\_  
(parent or guardian if skater is under 18 years)

\_\_\_\_\_  
Date