

2011-2012 Membership Application

Applicant Information

Please Print

Date:	<input type="checkbox"/> New	<input type="checkbox"/> Transfer
	<input type="checkbox"/> Renewal	
<input type="checkbox"/> Skater	<input type="checkbox"/> Coach	<input type="checkbox"/> Friend of SWFFSC
Last Name:		
First Name:		Middle Name:
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Coach:		
Current Club: <input type="checkbox"/> Southwest Florida Figure Skating Club Or Other:		
Previous Club:		
US Figure Skating #:		
US Figure Skating Basic Skills #:		
Highest Tests Passed		
Moves:	Pairs:	
Free Skate:	Dance:	
Pair Partner's Name: (If Applicable)		
Pair Partner's USFS #	Pair Partner USFS Club:	
Address:		
City, State, Zip:		
Home Phone: () ()	Cell Phone: () ()	
E-Mail Address:		
Voting Parent's Name:		
Voting Parent's Date of Birth:	Voting Parent's USFS #:	
2nd Parent's Name: (non-voting if only 1 skater in family)		
2nd Parent's Date of Birth:	2nd Parent's USFS#	
Are you a US Citizen?	If no, Country of Citizenship?	
May we publish your information in our Club Directory? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes, but please leave out the following:		
I give permission to use My or My child's photograph, video, etc... in or on Club Publications? <input type="checkbox"/> YES <input type="checkbox"/> NO On our Club Website? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Current School? (11-12 school year)	Grade? (11-12)	

Application Type

Membership

<input type="checkbox"/> Home Club (Includes skaters no test to senior levels)	\$130.00
<input type="checkbox"/> 1 st Time USFS Member (New to USFS)	\$65.00
<input type="checkbox"/> Adult Skater (Not in Juvenile to Senior levels)	\$80.00
<input type="checkbox"/> Subsequent Family Member (Add'l Skater)	\$50.00
<input type="checkbox"/> Non-Skating Member - Friend of SWFFSC	\$80.00
<input type="checkbox"/> Home Coach Member	\$75.00
<input type="checkbox"/> Associate (Non-Home Club Member)	\$75.00

Transfers

<input type="checkbox"/> Transfer (March 1 – May 31, 2012) \$80
<input type="checkbox"/> Transfer prior to 3/1/12 Full Fee

Membership Fees are Non-Refundable

Applicant hereby agrees that as a member of the Southwest Florida Figure Skating Club, applicant shall pay all dues & fees required for the current skating season and will abide by the By-Laws of the SWFFSC & US Figure Skating.

Please Initial: _____ (Parent if Skater is under 18)

Volunteer Service Hours or Levy

All SWFFSC Members are responsible for a \$100 service levy OR decline the levy and commit to a minimum of 15 volunteer hours or more per year (by an adult) to help ensure the success and growth of the SWFFSC. Fill in the Service Section on the reverse of application.

- Service Levy = \$100.00
 Minimum 15 Hours Volunteer Work

Parental Consent & Indemnification Agreement

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

Name of Parent or Guardian (Please Print)

Parent Signature

Date

Please make all checks and money orders payable to The Southwest Florida Figure Skating Club or SWFFSC and return completed forms with payment to the SWFFSC Mailbox at the front desk of Ellenton Ice & Sports complex or Mail to:
SWFFSC, c/o Ellenton Ice, 5309 29th St. E, Ellenton, Florida 34222

Volunteer Service Hours

<p>Must be completed by Adult Family Member when \$100 Service Levy is declined. The 15 service hours or more must be performed by a club member 18 years of age or older. Volunteers under 18 will also receive volunteer credit hours with signed form for record of community service hours for non-profit organization.</p> <p>Name(s) of Adult(s) to Volunteer:</p> <p>_____</p>	<p>I have skills, talents, or interests that I would be willing to use to help in the following areas to assist the SWFFSC:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Competitions</td> <td><input type="checkbox"/> Ice Shows</td> </tr> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Membership</td> <td><input type="checkbox"/> Test Sessions</td> </tr> <tr> <td><input type="checkbox"/> Organization</td> <td><input type="checkbox"/> Fund-Raising</td> <td><input type="checkbox"/> Hospitality</td> </tr> <tr> <td><input type="checkbox"/> Awards</td> <td><input type="checkbox"/> Sanctions</td> <td><input type="checkbox"/> Social</td> </tr> <tr> <td><input type="checkbox"/> Legal Issues</td> <td><input type="checkbox"/> Hospitality</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Clerical</td> <td><input type="checkbox"/> Technology</td> <td><input type="checkbox"/> Phone Calls</td> </tr> <tr> <td><input type="checkbox"/> Club Directory</td> <td><input type="checkbox"/> Website</td> <td><input type="checkbox"/> Posters</td> </tr> <tr> <td><input type="checkbox"/> Newsletter</td> <td><input type="checkbox"/> Videotaping</td> <td><input type="checkbox"/> Sewing</td> </tr> <tr> <td><input type="checkbox"/> Mailings</td> <td><input type="checkbox"/> Photography</td> <td><input type="checkbox"/> Parties</td> </tr> </table>	<input type="checkbox"/> Finance	<input type="checkbox"/> Competitions	<input type="checkbox"/> Ice Shows	<input type="checkbox"/> Administration	<input type="checkbox"/> Membership	<input type="checkbox"/> Test Sessions	<input type="checkbox"/> Organization	<input type="checkbox"/> Fund-Raising	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Awards	<input type="checkbox"/> Sanctions	<input type="checkbox"/> Social	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Transportation	<input type="checkbox"/> Clerical	<input type="checkbox"/> Technology	<input type="checkbox"/> Phone Calls	<input type="checkbox"/> Club Directory	<input type="checkbox"/> Website	<input type="checkbox"/> Posters	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Videotaping	<input type="checkbox"/> Sewing	<input type="checkbox"/> Mailings	<input type="checkbox"/> Photography	<input type="checkbox"/> Parties	<p>We need all Adults to Assist with our Annual Home Competition in Sept. Please check areas you would be willing to assist with:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Competition Chair</td> <td><input type="checkbox"/> Marketing</td> </tr> <tr> <td><input type="checkbox"/> Competition Co-Chair</td> <td><input type="checkbox"/> Program</td> </tr> <tr> <td><input type="checkbox"/> Judges Hospitality</td> <td><input type="checkbox"/> Awards</td> </tr> <tr> <td><input type="checkbox"/> Coaches Hospitality</td> <td><input type="checkbox"/> Music</td> </tr> <tr> <td><input type="checkbox"/> Skaters Hospitality</td> <td><input type="checkbox"/> Food or Other Donations</td> </tr> <tr> <td><input type="checkbox"/> Registration</td> <td><input type="checkbox"/> Work Club Table</td> </tr> <tr> <td><input type="checkbox"/> Practice Ice</td> <td><input type="checkbox"/> Vendors</td> </tr> <tr> <td><input type="checkbox"/> Ice Monitors</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Runners</td> <td><input type="checkbox"/> Set Up & Clean Up</td> </tr> </table>	<input type="checkbox"/> Competition Chair	<input type="checkbox"/> Marketing	<input type="checkbox"/> Competition Co-Chair	<input type="checkbox"/> Program	<input type="checkbox"/> Judges Hospitality	<input type="checkbox"/> Awards	<input type="checkbox"/> Coaches Hospitality	<input type="checkbox"/> Music	<input type="checkbox"/> Skaters Hospitality	<input type="checkbox"/> Food or Other Donations	<input type="checkbox"/> Registration	<input type="checkbox"/> Work Club Table	<input type="checkbox"/> Practice Ice	<input type="checkbox"/> Vendors	<input type="checkbox"/> Ice Monitors	<input type="checkbox"/> Transportation	<input type="checkbox"/> Runners	<input type="checkbox"/> Set Up & Clean Up
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<p>Preferred Contact: (Check Best for You)</p> <p><input type="checkbox"/> email: _____</p> <p><input type="checkbox"/> Home Phone: _____</p> <p><input type="checkbox"/> Cell Phone: _____</p> <p><input type="checkbox"/> Day <input type="checkbox"/> Evening</p>	<p>Check as many as apply. I would like to serve on the following on-going committees:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> SWFFSC Board</td> <td><input type="checkbox"/> Corp. / Comm. Sponsors</td> </tr> <tr> <td><input type="checkbox"/> Test</td> <td><input type="checkbox"/> Club Apparel</td> </tr> <tr> <td><input type="checkbox"/> Competition</td> <td><input type="checkbox"/> Grant Writing</td> </tr> <tr> <td><input type="checkbox"/> Fund-Raising</td> <td><input type="checkbox"/> Special / Social Events</td> </tr> <tr> <td><input type="checkbox"/> Marketing & Publicity</td> <td><input type="checkbox"/> Volunteer Coordination</td> </tr> <tr> <td><input type="checkbox"/> Hospitality / Food</td> <td><input type="checkbox"/> Membership</td> </tr> </table>	<input type="checkbox"/> SWFFSC Board	<input type="checkbox"/> Corp. / Comm. Sponsors	<input type="checkbox"/> Test	<input type="checkbox"/> Club Apparel	<input type="checkbox"/> Competition	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Fund-Raising	<input type="checkbox"/> Special / Social Events	<input type="checkbox"/> Marketing & Publicity	<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Hospitality / Food	<input type="checkbox"/> Membership	<p>In addition to service hours I would also like to make the following tax-free donation to the SWFFSC in order to help support the financial budget and figure skaters this year:</p> <p>\$ _____</p> <p>You will receive a receipt for tax purposes. THANK YOU for your Support! (This may be done any time during the year)</p>																																	
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Southwest Florida FSC Waiver & Release of Liability, Assumption of Risk & Indemnity Agreement

In consideration of participating in Southwest Florida Figure Skating Club activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the activity takes place, or the negligence of the releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I (We), the member(s) and/or the parent(s)/guardian(s) of member children do hereby release, discharge, and covenant not to sue the Southwest Florida Figure Skating Club, United States Figure Skating, its directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the Releasees 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 releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. The Southwest Florida Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Southwest Florida Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Applicant's Name (Please Print):

Name of Parent or Guardian (Please Print):

Signature (Parent if skater is under 18) Date

SWFFSC Office Use Only – Total Amount Paid: _____

Consent for Medical Attention

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Southwest Florida Figure Skating Club, and the facility the activities are taking place in and their staff, and to members of the Southwest Florida Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. This Consent for Medical Attention shall be binding and effective for the 2011-2012 membership year of July 1, 2011 through June 30, 2012.

Applicant's Name (Please Print):

Name of Parent or Guardian (Please Print):

Signature (Parent if Skater is under 18) Date

Skater's Name:

Skater's Physician: _____ Physician's Phone Number: _____

Hospital of Choice: _____

Skater's Allergies or other Medical History: _____

Medications Skater takes on a regular basis: _____

Name of Insured: _____

Insurance Company: _____

Insurance Policy Number: _____ Group Number: _____

Notarization

Witness my hand and seal to the above signatures this _____ day of _____ 2011.

Notary Public SEAL

Check #: _____ **Date Processed:** _____