



MEMBERSHIP APPLICATION

June 1, 2010 – May 31, 2011

PLEASE NOTE: ALL FIELDS MUST BE COMPLETED

The information below will be provided only to U.S. Figure Skating and not to any third parties.

CHECK ONE:

- NEW MEMBER** (has never had membership in U.S. Figure Skating)
- SCSF RENEWAL**
- TRANSFER**

Required for transfers: Previous Home Club _____

U.S. Figure Skating Number _____

APPLICANT PROFILE

Name _____ Birthdate: ____ / ____ / ____ Gender: M F
(required for U.S. Figure Skating registration)

Address _____
Street City State Zip

Main/Preferred Phone (____) _____ Alternate Phone (____) _____

Email _____ U.S. Citizen: Y N
(required to receive club communications) (optional)

Check here if you would prefer to receive *The Inside Edge* club newsletter by e-mail rather than postal mail.

If youth: Parent or guardian's name _____ Relationship _____

Applicant's **primary activity** (check only **ONE**):

- Adult Skater Recreational Skater Parent/Guardian Club Officer/Board Member
- Competitive Skater Coach US Figure Skating Official/Officer Other _____

Check **any others** that apply:

- Adult Skater Collegiate Parent/Guardian Volunteer
- Competitive Skater Synchro US Figure Skating Official/Officer Other _____
- Recreational Skater Coach Club Official/Board Member

MEMBERSHIP TYPE

- HOME CLUB MEMBERSHIP** - \$95
 ADDITIONAL HOUSEHOLD MEMBER - \$55 Name of primary Home Club member: _____
- NEXT STEP MEMBERSHIP** - \$50 (for ISI skating school students **who have never belonged to U.S. Figure Skating**)
 ADDITIONAL HOUSEHOLD MEMBER - \$30 Name of primary Next Step member: _____
- COLLEGIATE MEMBERSHIP** - \$95 (for first time freshmen) Name of School: _____
- PROFESSIONAL/COACH'S MEMBERSHIP** - \$45 PSA Number (required): _____
- PARENT'S MEMBERSHIP** - \$20 Name of SCSF member child: _____
- ASSOCIATE MEMBERSHIP** - \$50 Home Club (must be current for 2009-10): _____
 ADDITIONAL HOUSEHOLD MEMBER - \$30 Name of primary Associate: _____

In consideration of the approval of this membership, I agree to be bound by and to abide by the Bylaws and Rules of the SCSF, including the Code of Conduct. I understand that my membership is subject to approval by the SCSF Board of Directors and that the total dues are due and payable upon signing and submitting this application form. My signature below indicates that I have read, understand, and agree to the above terms.

APPLICANT'S SIGNATURE _____

DATE _____

(Signature of parent/guardian if applicant is under 18 years of age)

Make checks payable to: **THE SKATING CLUB OF SAN FRANCISCO, INC.**

MAIL TO: SCSF — ATTENTION: MEMBERSHIP
P.O. BOX 191205
SAN FRANCISCO, CA 94119-1205

A \$25 fee will be assessed on returned checks.

PLEASE READ, COMPLETE AND SIGN THE SECTIONS ON THE NEXT PAGE



WAIVER AND CONSENT FORM

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating in The Skating Club of San Francisco, Inc. 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 hereby release, discharge, and covenant not to sue The Skating Club of San Francisco, Inc., United States Figure Skating, it's 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 Skating Club of San Francisco, Inc. has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that The Skating Club of San Francisco, Inc. shall not be responsible for the supervision of the members at Club Ice.

I have read this WAIVER AND RELEASE 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.

NAME OF PARTICIPANT _____
(please print)

SIGNATURE OF PARTICIPANT _____ DATE _____

PARENTAL CONSENT AND 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/GUARDIAN _____
(please print)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to The Skating Club of San Francisco, Inc. and the facility the activities are taking place in and their staff and to members of The Skating Club of San Francisco, Inc. 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.

NAME OF MINOR CHILD MEMBER _____
(please print)

NAME OF PARENT/GUARDIAN _____
(please print)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NAME OF ADULT MEMBER _____
(please print)

SIGNATURE OF ADULT MEMBER _____ DATE _____

This Consent for Medical Attention shall be binding and effective for the 2010-11 membership year of The Skating Club of San Francisco, Inc.



VOLUNTEER SURVEY 2010 - 2011

Dear Parent/Skater:

The Skating Club of San Francisco is a volunteer based organization. All activities ranging from Club Sessions, Test Sessions, Competitions and shows are organized and staffed by club members. The success of these activities and events rely on your participation. The donation of your time and skills also help keep membership fees among the lowest in the Bay Area.

Please indicate how you can participate below.

Thank you.

Name _____

Phone (____) _____

Email _____

EVENTS

Which events could you volunteer at (check all that apply):

Skate San Francisco, August 27-29, 2010

Silver Spin, March 2011

National Championships San Jose, January 2012

COMPETITION EXPERIENCE

Check if experienced or **willing to learn**:

Accounting (Skate)

Ice Monitor

Registrar

Announcing

Judging

Runner

Hospitality

Music

Setup / Clean up

ACTIVITIES

Which of the following activities could you assist with:

Mailings

Newsletter

Website

Proposal / Grant Writing

Other: _____

SKILLS / TALENTS

In order to best use your skills and talents, please check all that apply:

ART / DESIGN

Calligraphy

Drawing

Painting

Document Design

Floral Arrangement

Sewing

Other: _____

HOSPITALITY

Food Donation

Food Preparation

Food Serving

Other: _____

ORGANIZATIONAL / CLERICAL

Mailing / Distribution

Goody Bag Assembly

Photocopying

Data Entry

Obtaining Goody Bag Donations

TECHNICAL

Database Management

Web Page Design

Web Site Programming

SKILLED TRADES / PROFESSIONAL SERVICES

Accounting

Fund Raising

Other:

Carpentry

Medical
