

CLINTON FIGURE SKATING CLUB, INC.

P.O. BOX 322 • CLINTON, NEW YORK 13323

MEMBERSHIP ENROLLMENT FORM

DATE: _____

NAME: _____
(Last) (First)

PHONE: _____

ADDRESS: _____

CLOTHING SIZE: _____

CITY: _____ ZIP: _____

DATE OF BIRTH: _____

EMERGENCY NO./ CONTACT: _____

GENDER (M/F): _____

SCHOOL: _____

U.S.F.S. No.: _____

FATHER'S NAME: _____

PROFESSIONAL: _____

ADDRESS: _____

MOTHER'S NAME: _____

EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

EMPLOYER: _____

MEMBERSHIPS CLASS: _____

OCCUPATION: _____

GENERAL FEE: _____

HIGHEST TEST PASSED & DATE: _____

USFS FEE: _____

FREE STYLE: _____

BADGE: _____

MOVES IN THE FIELD: _____

1 Day Basic Skills: Tues. Wed. Fri. Sun. FEE: _____
(circle day wanted)

DANCE: _____

2 Day Basic Skills: Tues. Wed. Fri. Sun. FEE: _____
(circle lesson day)

2 Day Basic Skills-Open Skate: Tues. Wed. Fri. Sun. FEE: _____
(circle practice day)

3 Day Basic Skills: Tues. Wed. Fri. Sun. FEE: _____
(circle lesson day)

3 Day Basic Skills & Open Skate: Tues. Wed. Fri. Sun. FEE: _____
(circle 2 practice days)

BASIC SKILLS THURS. AM: _____ FEE: _____
(Private lessons only)

ADULT: _____ TUES. EVE. FEE: _____

TOTAL ENROLLMENT: _____

PAYMENT:

ENROLLMENT FEE: _____

DATE RECEIVED: _____

PAID WITH ENROLLMENT: _____

FORM OF PAYMENT: _____

BALANCE DUE: _____

RECEIVED BY: _____

1. One half of Enrollment Fee due before start of skating. Remaining half will be billed to you and due on November 15. Any other additional fees will become due upon billing.
2. There will be an **Additional Membership Fee** above what is stated here. Each Member will be responsible for an Ice Show Assessment of \$75.00 (maximum \$100.00 per family). This is payable through ice show ticket sales. This fee will be due at ice show time. **This is a membership fee and is payable whether the skater participates in the ice show or not.**
3. Any payments **NOT** made as specified will jeopardize the member's standing in the club and will result in the loss of privileges, particularly skating. All payments must be received by 11/15. Those not received will result in loss of ice privileges and a \$10.00 late fee per month until full payment is received.

ACKNOWLEDGEMENT:

I Would Like The Newsletter Sent Via Email YES NO Email Address: _____

Permission for Skater's Picture with/ without name to appear on "CFSC" website YES NO

THE PERSON SIGNING BELOW ACKNOWLEDGES RECEIPT OF THE FOLLOWING:

CLUB RULES MEDICAL RELEASE RULES OF CONDUCT

In So Doing, The Skater Or Their Responsible Designee Will Abide By All Rules. Failure To Do So Will Result In Appropriate Disciplinary Action.

SIGNED: _____

DATE: _____