

# CLINTON FIGURE SKATING CLUB, INC

P.O. Box 322, Clinton, New York 13323

## Membership Enrollment Form

Skater Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

USFS No (if applicable): \_\_\_\_\_ Clothing Size (for Ice Show): \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
(Street) Home Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) Alternative Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (Zip) Email Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Zip) 2nd Email (if desired): \_\_\_\_\_

Please check all of the following options for which you want to register:

1. **Snow Plow Sam** (Ages 3-5) \_\_\_\_\_ Please indicate class day desired (M,T,W) \_\_\_\_\_

2. **Learn to Skate** (Ages 6+) \_\_\_\_\_ Please check class option A, B, or C:

A. Monday 5:40-6:40 (Levels 1-4) With extra practice time on Tuesday 6:00-6:30 \_\_\_\_\_

B. Tuesday 5:30-6:30 (All Levels) With extra practice time on Monday 5:40-6:10 \_\_\_\_\_

C. Wednesday 6:00-7:00 (All Levels and Bridge) Extra practice time Monday 5:40-6:10 \_\_\_\_\_

3. **Open Freestyle** \_\_\_\_\_ 4. **Synchronized Skating** \_\_\_\_\_ 5. **Theater on Ice** \_\_\_\_\_

6. **Learn to Skate Hockey:** Session 1 (starts 10/19) \_\_\_\_\_ Session II (Stats 12/21) \_\_\_\_\_

7. **Adult/Teen Class:** Session 1 (starts 9/28) \_\_\_\_\_ Session II (starts 12/14) \_\_\_\_\_

8. **Homeschool:** Session 1 (starts 10/21) \_\_\_\_\_ Session II (starts 1/6) \_\_\_\_\_

9. **Parent/ Skater Class:** (starts 1/4) \_\_\_\_\_ 10. **College/Alumni** \_\_\_\_\_

11. **Joint Member** \_\_\_\_\_ 12. **Associate Member** \_\_\_\_\_

1. One half of Enrollment Fee is due before the start of skating. Remaining half will be billed. Total fee includes USFS membership dues and all applicable CFSC fees. Any additional fees will become due upon billing. (*Short-term class (8-10 weeks) fees are due in full by the first day of classes.*)

2. All full members are subject to an **additional membership fee** for Ice Show. An Ice Show Assessment of \$75.00 (maximum \$100.00 per family) is payable through ticket sales and is due at ice show time. **This fee is required whether the skater participates in the ice show or not.** The ice show is our biggest fundraiser and participation is vital to our club success. (*Ice show is not required for participants of short-term classes.*)

3. Any payments **NOT** made as specified will jeopardize the member's standing in the club and will result in the **loss of privileges** (e.g., ice time, participation in ice show, permission to test or compete) and result in a \$10.00 late fee per month until full payment is received.

**Permission for Skater's Picture with/without name to appear on "CFSC" website:** \_\_\_\_ Yes \_\_\_\_ No

**THE PERSON SIGNING BELOW ACKNOWLEDGES RECEIPT OF THE FOLLOWING:**

\_\_\_\_\_ MEDICAL RELEASE \_\_\_\_\_ CLUB RULES \_\_\_\_\_ RULES OF CONDUCT

**As such, skaters, or their responsible designee, will abide by all rules or submit to the appropriate disciplinary action.**

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

**For Club** USFS Fee Due: \_\_\_\_\_ Total Due for Season: \_\_\_\_\_

**Purposes:** SPS/LTS/Freestyle Fees: \_\_\_\_\_ Amnt Due at Registration: \_\_\_\_\_

Synchro/TOI Assesment: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

SPS/BS Level \_\_\_\_\_ Received by: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

TO WHOME IT MAY CONCERN:

As the parent/guardian of \_\_\_\_\_, I hereby authorize any officer or board member and/or skating professional of the Clinton Figure Skating Club to act on my behalf in authorizing medical/dental attention and/or hospitalization, as deemed necessary by proper medical authorities, should my child, the above named, be injured in any manner while participating in the Clinton Figure Skating Club program. I further agree to allow the officers or board members of the Clinton Figure Skating Club to sign on my behalf the forms required for such medical attention and/or hospitalization.

Parent/Guardian Signature	Date
Primary Phone Number of Parent	Family Doctor
Emergency Contact	Family Doctor Phone Number
Phone Number of Emergency Contact	Hospital Preference

Please list any medical conditions, including allergies:

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Please list any daily medications taken by your child:

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**RELEASE OF LIABILITY**

I understand that the Clinton Figure Skating Club assumes no liability in the event of an accident, illness, or injury in conjunction with the skating program in which my child (or myself) is now enrolling.

I further understand that my child's instruction may include the use of a jumping harness while under the direct supervision of a club professional in the use of such equipment.

The Club reserves the right to require additional signed forms of release as deemed appropriate.

Name of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# ICE SHOW VOLUNTEER FORM

Hello club members. We are trying something new this year for ice show .... a volunteer sign-up sheet at registration to go directly to an ice show volunteer coordinator. We appreciate any help you can offer! You can help for one show or all three. Many hands make for lighter work!

Name \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Please indicate which area you would be interested in helping. Thank you for your time!!

Costumes		Group Ticket Sales	
Make up		Selling Ads for the Program Book	
Props (painting, etc.)		Silent Auction: Table (during Ice Show Weekend)	
Backstage Monitors (watching kids)		Program Book sales: Table (during Ice Show Weekend)	
Lighting		50/50 Raffle sales: Table (during Ice Show Weekend)	
Ushers		Cast Party	
Parking Lot attendant		Pictures	
Silent Auction: Collecting Items for the Auction		Other:	

Do you have a friend or relative that would be willing to help? Thanks!!

Name \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_