

**THE SILVER STEAKS SKATING CLUB  
AND  
THE CAPE ANN FIGURE SKATING CLUB**



**Dual Membership Information Sheet**

The Silver Streaks Skating Club along with The Cape Ann Figure Skating Club are pleased to announce our Dual Membership Program. By joining both figure skating clubs you will immediately receive the following benefits:

- Discount on membership fees at both clubs
- Membership with both the International Skating Institute (ISI) and The United States Figure Skating Organization (USFS)
- Test both ISI and USFS at member rates
- Compete at both ISI and USFS competitions as representing members
- No fundraising for requirements
- More practice sessions at two skating rinks
- Additional ice time for private lessons
- Contract ice at member rates with both clubs
- Harness usage with both clubs
- Participation in holiday and spring shows (based on clubs show rules)
- Opportunity to participate in skating clinics taught by our joint professional coaching staff

**Silver Streaks Skating Club**

McVann O'Keefe Skating Arena  
511 Lowell Street, Peabody, MA 01960

**Cape Ann Figure Skating Club**

Talbot Rink  
32 Cherry Street, Gloucester, MA 01930

**Ice Availability**

Sunday 4:50-5:50 pm  
Wednesday 4:10-5:05 pm  
Friday 3:15-4:10 pm, 4:10-5:05 pm

Sunday 8:00-8:55 am, 8:55-9:50 am  
Tuesday 6:00-6:50 pm, 6:50-7:50 pm  
Saturday 10:00-11:00 am, 11:00-12:00 am,  
12:00-1:00 pm

For more information email:

[info@silverstreaksskatingclub.org](mailto:info@silverstreaksskatingclub.org)

[skatecapeann@hotmail.com](mailto:skatecapeann@hotmail.com)

## *Dual Membership*

### **Silver Streaks Skating Club**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ USFS # (mandatory) \_\_\_\_\_

ISI # \_\_\_\_\_

Highest USFS Test passed: Freestyle \_\_\_\_\_ Moves \_\_\_\_\_ or/and

Highest ISI Test passed: \_\_\_\_\_

Badge Level (Basic Skills) \_\_\_\_\_ Professional's Name: \_\_\_\_\_

Mother's/Father's Name: \_\_\_\_\_ Cell Phone/Work # \_\_\_\_\_

Parent Email address: \_\_\_\_\_ (this will cut down on mailings)

Child Email address: \_\_\_\_\_

- SSSC 2016 – 2017 USFS membership is effective from July 1, 2016 – June 30, 2017
- CAFSC 2016 – 2017 ISI membership is effective from September 1, 2016 – August 31, 2017.
- Please submit by June 24, 2016 (Applications must be post marked by June 20, 2016. Applications received after this date will be charged a \$25 late fee...late fee must be included with application before it will be processed).

**Mail Application & Payment of \$135.00  
By June 24, 2016 to:**

***Silver Streaks Skating Club  
26 Northend St. #3  
Peabody, Ma 01960***

**Mail Second Payment of \$130.00,  
w/membership form by June 24, 2016:**  
CASfc will provide you with additional club form. Please fill out  
and return to:

***Cape Ann Figure Skating Club  
P.O. Box 1193  
Gloucester, MA 01930***

\*Remember to include forms for SSSC (CAFSC will provide you with additional forms)

_____ application	_____ medical form
_____ code of conduct	_____ volunteer sheet
_____ media release	

## *Dual Membership*

### **Cape Ann Figure Skating Club**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ USFS # (mandatory) \_\_\_\_\_

ISI # \_\_\_\_\_

Highest USFS Test passed: Freestyle \_\_\_\_\_ Moves \_\_\_\_\_ or/and

Highest ISI Test passed: \_\_\_\_\_

Badge Level (Basic Skills) \_\_\_\_\_ Professional's Name: \_\_\_\_\_

Mother's/Father's Name: \_\_\_\_\_ Cell Phone/Work # \_\_\_\_\_

Parent Email address: \_\_\_\_\_ (this will cut down on mailings)

Child Email address: \_\_\_\_\_

- SSSC 2016 – 2017 USFS membership is effective from July 1, 2016 – June 30, 2017  
CAFSC 2015 – 2016 ISI membership is effective from September 1, 2016 – August 31, 2017.
- **Please submit by June 24, 2016** (Applications must be post marked by June 20, 2016.  
Applications received after this date will be charged a **\$25 late fee**...late fee must  
be included with application before it will be processed).

**Mail Application & Payment of \$135.00  
By June 24, 2016 to:**

*Silver Streaks Skating Club  
c/o Judi Sinclair  
26 Northend St #3  
Peabody, Ma 01960*

**Mail Second Payment of \$130.00,  
w/membership form by June 24, 2017:**

CAFSC will provide you with additional club forms. Please fill out and  
return to:

*Cape Ann Figure Skating Club  
P.O. Box 1193  
Gloucester, MA 01930*

**\*CAFSC will provide you with additional club forms upon receiving membership  
application.**

### **Dual MEMBERSHIP**

*Full Representing Members over the age of eighteen years will have voting privileges. Those who under the age of eighteen (18) at the time of voting may be represented by a parent or legal guardian.*

- \$135.00 Membership Fee to be paid at time of application for Silver Streaks Skating Club, \$80 each for additional family members **and** \$130.00 Membership fee to be paid by August 1, 2016 for Cape Ann Figure Skating Club. Total dual membership will be \$265.00.
- SSSC provides USFS Membership as a single skater
- CAFSC provides ISI Membership as a single skater
- Skaters will be a representing member of the Silver Streaks Skating Club, USFS and Cape Ann Figure Skating Club, ISI.
- Skaters are permitted to contract SSSC and CAFSC sessions at member rates & will receive priority when booking ice time\*
- Skaters are permitted to walk-on SSSC and CAFSC sessions at member rates & will receive priority\*
- Skaters are permitted to participate in all SSSC and CAFSC exhibitions and other activities at member rates

## **SSSC Membership Volunteer Policy**

Please sign and return with application

As you may be aware, our club is sustained entirely through the efforts of the member volunteers. Volunteers not only insure that all club activities run smoothly and safely but also help in keeping the overall costs down.

### **Silver Streaks Policy**

For SSSC 4 volunteer hours, **two** hours are required to be **Basic Skills Competition** or **Annual Show**. These are our two biggest events this year and they take many people to be successful. We realize that some people will not be available the day of the event. There is much preparation needed before each event, we would be happy to work with you to find an appropriate job that you may even have fun doing!!! **Please check one event below:**

- [ ] Silver Streaks Basic Skills Competition (November 2016)
- [ ] NEICC Challenge Cup High School Competition (April 2017)
- [ ] Silver Streaks Annual Show (spring 2017)

**Initial**\_\_\_\_\_

**\*For any 2 additional volunteer hours completed, you will receive a free walk-on slip.**

Please check as many boxes that may interest you, and we will try to match you up in these areas. If you have a particular talent that you would like to share with us, let us know in the space provided on page two. We will make every effort to make this easy to accomplish.

[ ] **Board Membership** – Elected positions: President, Vice President, Secretary, Treasurer.  
Appointed Positions: Billing Chairperson, Membership Chairperson, Show Coordinator,  
Fundraising Chairperson, Test Chairperson

(Continue next page)

[ ] **Hospitality-** Baking or cooking food for test sessions (Wednesday am), judge's tables, volunteer tables. Helping to coordinate food promises for various events, set up, and break down of food tables. Purchase of food/supplies for events.

[ ] **Junior Club-** During our Junior Club session on Sunday to help our Learn-to-Skaters on and off the ice, find their teachers, and give encouragement, answer questions, etc.(this can be a skater 13 year old+). We also need assistance with Jr. Club registration, re-registration, etc. (approximately 4 times/year)

## **SILVER STREAKS SKATING CLUB**

### **Volunteer Policy**

#### **Buy Out**

There are times when volunteering is impossible to accomplish. We understand this and are offering a one-time buy out of volunteer time. If you wish to buy out your volunteer time, please send a check for \$100 (4 hours x \$25.00 per hour) with your membership application. The remaining two hours for competition or show are not available in the buy out. If you choose to buy out, you will not be approached for any volunteer time. We would much rather have your time than your buy out, but felt it only fair to offer this to families that may have special circumstances.

\_\_\_\_\_ Volunteer Buy Out Option Election (please initial and date and include payment with this contract).

The SSSC Board of Directors take our positions very seriously, and volunteer our time to SSSC because we care about the skaters, the sport, the coaches, and the families. We are hoping that you, as the families of SSSC skaters, share our pride in our club, our skaters, and our events. Everyone plays an integral part when we share the commitment of volunteering our time. We can accomplish so much if we all try to do our fair share. Thank you in advance for being a part of Silver Streaks Skating Club.

Skater's signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

## **EMERGENCY MEDICAL FORM**

Please sign and return with application

Name of Skater \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency**

Contact \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Medical Coverage: Yes or No Insurance Company \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Employer: \_\_\_\_\_

List any medical conditions or restrictions that pertain to skating (i.e., diabetes, asthma etc.):

\_\_\_\_\_

Allergies \_\_\_\_\_ Medications used regularly: \_\_\_\_\_

**RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT**

In consideration of my participation in any Silver Streaks Skating Club program, or Basic Skills activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there maybe other risks either not known to me or not foreseen 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 SSSC, its respective administrators, directors, agents, officers, volunteers, and employees, and any sponsors and advertisers of SSSC sanctioned event in which I participate (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. This release, waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of or intentional, willful or wanton misconduct of Releasees against any of the Releasees, I will indemnify, defend, 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. I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

Participant Signature (If 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (If skater is underage 18 ) \_\_\_\_\_ Date \_\_\_\_\_

**Skaters Code of Conduct and Ethics**

Please sign and return with application

Due to certain trends in youth sports whereby both parents and members are letting their emotions manifest themselves in abusive and sometimes physical violence, The Silver Streaks Skating Club supports a zero tolerance policy for unsportsmanlike behavior. Its members, coaches and parents should continually raise the standard of their behavior both on and off the ice. Membership in SSSC is a privilege and should carry a sense of pride. Participation in our programs will require that members and parents of members under 18 years old accept certain responsibilities.

**Member & Guest Skater Responsibilities:**

- \* Safe skating is essential. All skaters must be aware and considerate of other skaters during on club ice.
- \* The skater doing their program to music has the right of way. If a skater gets in the way of the program, he/she will apologize at the completion of the program.
- \* **No socializing during club sessions. Standing is only permitted next to the boards.**
- \* All spins must be practiced between the middle blue lines away from the boards except during a skaters' program.
- \* Swearing, yelling, kicking the ice or poor sportsmanship will not be tolerated.
- \* Skaters must sign in prior to every session and be prepared to pay for session in advance before taking the ice.

**Parent/Guardian Responsibilities:**

- \* I will encourage sportsmanship by showing positive support for all members, coaches, Board members and other officials during all on and off ice sessions.
- \* I will encourage my child to treat all other members, coaches, Board members, other member parents and other officials with respect.
- \* I will not verbally or physically abuse any club members, coaches, Board members, officials, other member parents or volunteers.

**Course of Action:** Should a parent or member not adhere to stated responsibilities, SSSC holds the member and/or parent accountable and the Board of Directors is empowered to take necessary actions. Actions can be as simple as a verbal warning up to disciplinary hearings before the Board leading to suspension or expulsion from SSSC.

Member / Guest Skater Signature \_\_\_\_\_  
Date\_\_\_\_\_

Parent Signature (if member under 18) \_\_\_\_\_  
Date\_\_\_\_\_



## Media Release Form

Media Release Form - I, the undersigned, do hereby consent and agree that Silver Streaks Skating Club, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose of club advertisement. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Silver Streaks Skating Club, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Skater: \_\_\_\_\_

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