

TRI-STATE TOE PICKS F.S.C.

CLUB MEMBERSHIP APPLICATION 2018 – 2019

Adult \$75 | Collegiate \$100 | Youth \$75 | Introductory \$45 | Associate \$40 | Additional Family \$30

*Additional \$25 Administrative Fee for all Contract Ice Users

SKATER NAME	DATE OF BIRTH	MEMBER NUMBER	SCHOOL/ SCHOOL DISTRICT
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PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN'S NAME (1)

PARENT/GUARDIAN'S NAME (2)

PRIMARY PHONE

CELL PHONE

ALLOW TEXT MESSAGING

PRIMARY PHONE

CELL PHONE

ALLOW TEXT MESSAGING

MAILING ADDRESS

MAILING ADDRESS

PRIMARY EMAIL ADDRESS FOR RESPONSIBLE PARTY

(BILLING AND COMMUNICATION)

ADDITIONAL EMAIL ADDRESS

SKATER AND EMERGENCY CONTACT INFORMATION

SKATER EMAIL (OPTIONAL)

(COMMUNICATION ONLY)

PRIMARY EMERGENCY CONTACT

RELATIONSHIP

SKATER PHONE (OPTIONAL)

CELL PHONE

ALLOW TEXT MESSAGING

PRIMARY PHONE

SECONDARY PHONE

ALLERGIES / HEALTH CONCERNS OF SKATER

(Serious medical conditions are encouraged to be documented and brought to the attention of the Board of Directors, although disclosure is only recommended not required.)

PLEASE INITIAL INDICATING YOU HAVE READ AND REVIEWED WITH YOUR SKATER THE FOLLOWING STATEMENTS

PHOTOGRAPHY FOR MARKETING AND SOCIAL MEDIA

_____ I hereby grant and assign the Learn to Skate USA/Tri-State Toe Picks FSC the right to use the likeness of the listed member above, by photography and videography on its website, social media, and publications from time to time without further authorization, or until I notify the President of the Tri-State Toe Picks FSC in writing to cease the use of the Minor's likeness.

_____ I **DO NOT** give Learn to Skate USA/Tri-State Toe Picks FSC the right to use the likeness of the listed member above, by photography and videography on its website, social media, and publications from time to time without further authorization, or until I notify the President of the Tri-State Toe Picks FSC in writing to cease the use of the Minor's likeness.

CLUB HANDBOOK | WAIVER AND RELEASE FORM

_____ I have received and reviewed the Tri-State Toe Picks Handbook and I understand that violation of any of these rules and regulations could mean lead to a suspension of skating privileges. I agree to fully abide by the rules and guidelines set forth by the Tri-State Toe Picks FSC, US Figure Skating, Learn to Skate USA, or its properly designated agents.

_____ I understand and have signed the Waiver and Release of Liability and have attached the form with this membership application.

SKATER SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Tri-State Toe Picks FSC and/or Learn to Skate USA

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in Learn to Skate USA/Tri-State Toe Picks FSC 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 Learn to Skate USA/Tri-State Toe Picks FSC or 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 Learn to Skate USA/Tri-State Toe Picks FSC has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Learn to Skate USA/Tri-State Toe Picks FSC 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.

Signature of Parent/Guardian of Minor or Participant

Printed Name

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.

Signature of Parent/Guardian of Minor or Participant

Printed Name

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 Learn to Skate USA/Tri-State Toe Picks FSC and the facility the activities are taking place in and their staff and to members of the Learn to Skate USA/Tri-State Toe Picks FSC , 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 1st Minor Child Member (please print) Name of 2nd Minor Child Member (please print)

Name(s) of Parent(s)/Guardian(s)

1st Parent/Guardian Signature _____ **DATE** _____

2nd Parent/Guardian Signature _____ **DATE** _____

Name of Adult Member _____

1st Adult Member Signature _____ **DATE** _____

This Consent for Medical Attention shall be binding and effective for the 2018-2019 Membership Year

Club Use Only

Membership Type:

Billed Online:

USFS Membership Updated:

Application Received:

SafeSport Training:

Contract Ice Policy Signature: