

CAPE ANN FIGURE SKATING CLUB CAFSC
COLLEGIATE MEMBERSHIP
MEMBERSHIP REGISTRATION FORM

TODAY'S DATE

SKATER NAME

DOB

ADDRESS

CITY STATE ZIP

CONTACT EMAIL

BEST PHONE #

Cape Ann Figure Skating Club - Collegiate Membership Fee \$50.00.

Good for 2 years from date of Registration.

Checks Payable to: CAFSC

Membership Fee is due in full at time of submitting application. All skaters must have a Membership in order to register for ice sessions. Collegiate Memberships run from Sept 1 - Aug 31, for 2 years.

Collegiate carries the same privileges as a full membership. Participation in Shows & Expositions is allowed at the discretion of the Show Director(s). Volunteer hours waived for Collegiate Membership.

Please submit the additional forms with Registration:

- Ice Contract
- Code of Conduct
- Medical Contact/Info
- Waiver
- Media Release

Mail completed forms, along with payment to: Cape Ann Skating Club;
PO BOX 1193; Gloucester MA 01930.

Drop off forms at: Club Office Lock Box in the Club Office, Talbot Rink, 32 Cherry St., Gloucester

TUESDAY

TUES	50 min	\$23		6 pm - 6:50 pm	Freestyle (20 min); High Power Group (30 min)
				6:20 - 7:10 pm	High Power Group (30 min); Freestyle (20 min)
TUES	50 min	\$23		6 pm - 6:50 pm	Freestyle (20 min); Low Power Group (30 min)
				6:20 - 7:10 pm	Low Power Group (30 min); Freestyle (20 min)
TUES	50min	\$20		6 pm - 6:50 pm	Freestyle (20 min); Alpha - Delta Group (30 min)
				6:20 - 7:10 pm	Alpha - Delta Group (30 min); Freestyle (20 min)
TUES	1 hr 50 min	\$34		6 pm - 7:50 pm	COMBO FS (20 min)/ Any Group (30 min)/FS (60 min)
TUES	50 min	\$16		7 pm - 7:50	Freestyle

SATURDAY

SAT	50 min	\$16		10 am - 10:50 am	Freestyle
		\$20		10 am - 10:50 am	Freestyle (20 min); Any Group (30 min)
		\$20		10:20 am - 11:10 am	Any Group (30 min); Freestyle (20 min)
SAT	1 hr 50 min	\$34		10 am - 11:50 am	COMBO FS (20 min)/ Any Group (30 min)/FS (60 min)
SAT	50 min	\$16		11 am - 11:50 am	Freestyle
SAT	50 min	\$16		12 pm - 12:50 pm	Freestyle

SUNDAY

SUN	50 min	\$16		8 am - 8:50 am	Freestyle
SUN	50 min	\$16		9 am - 9:50 am	Freestyle
SUN	1 hr 50 min	\$27		8 am - 9:50	Freestyle (2)

WEEKLY TOTAL \$ _____

THIS IS A BINDING CONTRACT. THE CONTRACTING PARTY IS RESPONSIBLE FOR THE TOTAL ANNUAL ICE FEE.

SKATER NAME _____ ISI # _____ Phone _____

PRIVATE COACH _____

I, _____ AGREE THAT THIS IS A BINDING CONTRACT FOR SKATING SESSIONS WITH CAFSC,
(CONTRACTING PARTY NAME)

AND I AM RESPONSIBLE FOR THE TOTAL ANNUAL ICE CONTRACT FEE.

SIGNATURE _____

TODAY'S DATE: _____



CAPE ANN FIGURE SKATING CLUB **MEDIA RELEASE** FOR SKATERS UNDER AGE 18

I, _____ hereby give permission to Cape Ann Figure Skating Club (CAFSC) to use my child's name, story, photograph, video footage, likeness and/or quoted comments for the purpose of increasing awareness & promotion of Cape Ann Figure Skating Club and its activities. I further understand that articles, photos, and videos may appear in the following places (but are not limited to said media): CAFSC display boards at the rink club marketing materials at local festivals, learn-to-skate promotional materials / flyers, CAFSC website, CAFSC Instagram account, CAFSC Facebook Account, and local printed newspapers as well as news outlets operating on the internet.

I, _____ DO NOT give permission to Cape Ann Figure Skating Club (CAFSC) to use my child's name, likeness, photograph, quoted comments, and/or video footage for any purposes.

Skater Name _____

Parent / Guardian Name (print) _____

Parent / Guardian Signature : _____ DATE _____

CAPE ANN FIGURE SKATING CLUB **EMERGENCY MEDICAL INFORMATION**

Skater/Member _____. Insurance Provider _____

Policy # /Group ID _____ Allergies _____

EMERGENCY CONTACTS: Please list two (2)

NAME _____. Relationship to Skater _____

Best Phone #s for immediate contact: _____ / _____

NAME _____. Relationship to Skater _____

Best Phone #s for immediate contact: _____ / _____

Cape Ann Figure Skating Club**Waiver/Release/Assumption of Risk - NO EXPIRATION DATE**

The undersigned Participant or Parent/Guardian of the identified minor, acknowledge and fully understand that the Participant will be engaging in actives at the Talbot Ice Rink, Johnson/Pingree School Rink, Peabody Rink and/or other rink facilities rented by CAFSC, that may involve risk of serious injuring including permanent and/or temporary physical disability or injury, total and/or partial disability, death, paralysis, illness or other harm; and that the Participant voluntary engages in such activities with adequate prior knowledge of such risks and dangers.

Such actives may involve figure skating, ice skating and ice sports. By signing below, the Participant or Parent/Guardian acknowledge that participation in ice sports, whether competitive, recreational or instructional; including any use of equipment is potentially a dangerous activity. Use of equipment such as, but not limited to: a skating jumping harness, props, & training devices involve inherent risk and the Participant and Parent/Guardian hereby voluntary accepts all risks associated with the sport of ice skating.

Participants assumption and acceptance of risks staled in this document include, but are not limited to the following general areas

1. Participation in any classes or individual instruction being operated by CAFSC
2. Participation in unsupervised activities, individual practice time, or other individual activities while skating on CAFSC sponsored skating sessions.
3. The use of any equipment.
4. Accidents occurring within auxiliary areas.

Participant acknowledges the existence of, and agrees to abide by applicable rules, regulations, and policies as stated by CAFSC in written or verbal form. Rules relating to the use of the Talbot Rink, Johnson Rink, Peabody Rink and/or other facilities rented by CAFSC, may be posted for your information and convenience, but the lack of posting shall not relieve Participant of the obligation to follow the rules of each facility.

Participant or Parent/Guardian agree to and do assume all legal and financial responsibility for (i) any and all risks and dangers associated with ice sport activities, (ii) any and all injuries, damages, losses, whether to person or property, and whether physical, psychological, social or economic, that Participant may in any manner and from whatever cause, sustain in connection with such participation, including injury that may result not only from his/her own actions, inactions or negligence, but action, inaction or negligence of CAFSC or others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, and (iii) all treatment, hospitalization and other care rendered to Participant in the event of his/her illness, injury or other emergent circumstance in connection with any such participation. Participant or Parent/Guardian assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, including permanent, temporary, total or partial disability, death, injury, illness or other harm.

Participant or Parent/Guardian hereby fully and forever releases, discharge, hold harmless and agrees to indemnify and not to sure CAFSC, its employees, directors, officers, volunteers, affiliates, representatives, agents, insurers and their respective successors and assigns, from and against, any and all liabilities, losses, claims, demands, litigation, damages and judgements, present or future, known or unknown, valid or invalid, direct or consequential (whether physical, psychological, social, economic, or otherwise), tighter with reasonable costs and attorneys fees which (i) result directly or indirectly from injuries, illness, disability (whether permanent, temporary, total, or partial), death or other harm to Participant, or Participant's and/or Parent/Guardians property, or the property of third parties, and (ii) are caused by or result, directly or indirectly, from Participant's conduct, acts, or missions while participating in any activities on or about CAFSC property, including rented facilities.

PARTICIPANT FURTHER UNDERSTANDS THAT THIS DOCUMENT MAY NOT BE ALTERED IN ANY MANNER WITHOUT THE EXPRESS WRITTEN CONSENT FROM CAFSC AND THAT OF ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID, THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant Signature

Date

