|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PITTSFIELD FIGURES SKATING CLUB:**  *REGISTRATION FORM, WAIVERS & LESSON SELECTION* | | | | |
| **LTS INTRO FORM**  **Skaters Full Name** | | **Date of Birth** | **MALE**  **OR**  **FEMALE** | **PHONE**  **CONTACT** |
| **1st skater** | | **`** |  | **(cell)**  **(home)** |
| **2nd skater** | |  |  | **(cell)**  **(home)** |
| **MAILING ADDRESS: Street** | | **City:** |  | **State and Zip code:** |
| **EMAIL ADDRESS:** | | | **EMAIL IS REQUIRED**  **THIS IS OUR MAIN FORM OF CONTACT**  **TO YOU** | |
| **Parent/Guardian Name (add address if different than above) (REQUIRED):** | | | **(cell)**  **(home)** | |
| **Emergency Contact Full Name (REQUIRED):** | | | **(cell)**  **(home)** | |
|  | **Pricing** | | **Quantity** | **Total** |
| **LEARN TO SKATE: INTRO TO SKATE ONLY** | **40.00** | |  | **\*\* FEE WILL APPLY IF CONTINUING** |
|  |  | |  |  |
|  |  | |  |  |
| **BOYS AND GIRLS CLUB MEMBERSHIP** | **20.00** | |  | **REQUIRED IF CONTINUING** |
|  |  | |  |  |
|  |  | |  |  |
| **MEMBERSHIP FEE TOTAL** | | | **Total WAIVED** | |

**Make checks payable to: PITTSFIELD FIGURE SKATING CLUB (or PFSC)**

**MAIL TO:** PFSC Treasurer, PO Box 214, Pittsfield, MA 01202 Contact: Cherie at cpierce1234@mail.com

**I have read and signed the release statements on page two.**

**Signatures & Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **NOTE: The Boys & Girls Club membership must be registered on line by you** at <http://www.bgcberkshires.org>. You will receive a Coupon code to enter in place of payment.  Skaters must check in at front desk upon arrival before going up to the rink. Membership allows full access to Boys & Girls Club |

Please read the PFSC Parent Handbook at [www.Pittsfieldfsc.com](http://www.Pittsfieldfsc.com)

Rulebooks & By Laws can be found on USFS website: [www.usfigureskating.org](http://www.usfigureskating.org)

**PITTSFIELD FIGURE SKATING CLUB Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (“Agreement”)**

In consideration of participating in the Pittsfield Figure Skating Club 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 “releases” 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 the Pittsfield Figure Skating Club, 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 Pittsfield Figure Skating Club has the right, but not the obligation, to provide rules and regulations for Club Ice. We hereby acknowledge that the Pittsfield Figure Skating Club 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 allow.

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Initials

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials

**MEDICAL CONSENT**

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Pittsfield Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Pittsfield Figure Skating Club, 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials

**PUBLICITY**

From time to time photographs may be taken during skating sessions and other PFSC events for use on our Bulletin Boards or our Web Page. Please sign above if you consent to ALLOWING your child(s) photograph to be used. YES, I agree to allow photos to be used.

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**SAFESPORT & ZERO TOLERANCE**

Pittsfield Figure Skating Club follows U.S.Figure Skating policies wherein PFSC strives to provide a safe environment for its members and to protect the opportunity of its members to participate in the sport in an atmosphere that is free of harassment and abusive practices. Please confirm you will review the policy at: <http://www.usfsa.org/content/safesport%20handbook.pdf>. In addition, I have read and signed the attached Zero Tolerance Policy and will return with this package.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Signature or Parent/Guardian (if under 18) Initials & date

**The Pittsfield Figure Skating Club Parents Code of Conduct and Ethics**

**Zero Tolerance Policy**

Pittsfield Figure Skating Club (PFSC) has adopted a **ZERO TOLERANCE POLICY** for parents, members, coaches and spectators for any unsportsmanlike behavior by controlling their emotions and not letting them manifest into verbal abuse and sometimes-physical violence and conduct. Any of the behavior or conduct is deemed detrimental and will not be tolerated. PFSC members, parents, coaches, families should strive to raise the standard of their behavior both on and off the ice. Participation in our programs will require members and parents of members under 18 years old accept and abide by these responsibilities.

\*I will encourage sportsmanship by showing positive support for all members, coaches, Board members and officials during all on and off ice sessions, competitions, tests, and shows.

\*I will not ridicule, verbally or physically abuse, bully, blame, or yell at my child, other skaters, teammates, parents, coaches, officials, volunteers, or any club member.

\* I will teach my child to resolve conflicts calmly and peacefully without resorting to hostility or violence and be a positive role model for my child and others.

\* I will show appreciation and recognize the importance of volunteers and club officials.

\*I will place the emotional and physical well-being of my child ahead of my personal desire to win and teach my child that doing his/her best is more important than winning, and so that my child will never feel defeated by the results of a competitive event.

\* I will applaud a good effort in both victory and defeat, emphasizing the positive accomplishments and learning from the mistakes and to never ridicule or yell at my child or other participants for making a mistake or blame my child’s teammates for placement in a competition.

\*I will support all the opponents in my child’s competition and respect the rights of all skaters to participate.

\*I will teach my child to treat other skaters, coaches, fans, volunteers, and officials, with respect, regardless of race, creed, color, sexual orientation or ability.

\*I will encourage my child to skate in a safe and healthy environment.

\*I will inform my child’s coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

\*I will demand a figure skating environment for my child that is free of drug or alcohol abuse and agree that I will not use or provide to a third party any drug proscribe my applicable federal, state, or municipal law.

\*I will not assist or condone any competing athlete’s use of a drug banned by the International Olympic Committee, International Skating Union, United States Olympic Committee, or U.S. Figure Skating, or, in case of athletes, to use such drugs or refuse to submit to properly conducted drug tests administered by one of these organizations.

\* I will not provide alcohol to, or condone the use of alcohol by minors, abuse alcohol in the presence of athlete members, or at U.S. Figure Skating activities or, in the case of athletes, consume alcoholic beverages while a minor.

\* I will encourage my child’s coach to continue their education and training through programs offered by U.S. Figure Skating, the Professional Skaters Association and other accredited organizations.

\* I will respect my child’s coach and refrain from coaching my child or other skaters during competitions and practices because it may conflict with the coach’s plan or strategies.

\* I will respect the decisions of officials and their authority during competitions and test sessions and teach my child to do likewise.

\* I will study the rules of the U.S. Figure Skating and teach my child accordingly so that we have an understanding and appreciation of the rules of competition and membership.

\*I will do my best to make skating fun at all times and will remember that my child participates in sports for his/her own enjoyment and satisfaction not mind.

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

**Implementations:** anyone may file a complaint, in writing and signed to the President of the Pittsfield Figure Skating Club.

Member/Guest Skater Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian Signature (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PFSC REQUIRES SINGLE BLADE SKATES FOR LEARN TO SKATE LESSONS, NO DOUBLE BLADES. HELMETS ARE STRONGLY RECOMMENDED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **LEARN TO SKATE PROGRAM** is designed to offer something for everyone—beginning with the first steps on the ice to the mastery of advanced techniques. This personalized approach allows skaters to progress at their own rate and advance after skill mastery is demonstrated. Learn to Skate USA provides built-in incentives and encouragement to keep skaters motivated while they gain confidence and achieve their goals. Upon completion of the program, skaters will be able to confidently advance to more specialized areas of skating. **PFSC** offers Group lessons for Learn to Skate programs in **Figure Skating and Hockey**.  **Notes: Last Day for enrollment into Full Season w/Show Participation is November 17th (sessions will be prorated)**  **Last Day to Drop a Full Season session is December 1st (must fill out form to notify us for refund if paid in full)** | | | | | |
| **Day** | **Sessions** | | **Skaters Name(s)** | **Price** | **QTY** | **Total** |
| **Tuesday**  **5:00-5:50 pm** | **INTRO TO SKATING**  **All Levels**  **5 WEEKS**  **Starts Oct 15th \_ Nov 12th** | |  | **$80** |  |  |
| **Tuesday**  **5:00­- 5:50 pm** | **INTRO TO HOCKEY**  **All Levels**  **5 Weeks**  **Starts Oct 15th – Nov 12th** | |  | **$80** |  |  |
| **Thursday**  **5:00-5:50pm** | **INTRO TO SKATING**  **All Levels**  **5 WEEKS**  **Starts Oct 17th \_ Nov 21th** | |  | **$80** |  |  |
|  |  | |  |  |  |  |
| **Sunday**  **1:00 – 1:50pm** | **INTRO TO SKATING**  **All Levels**  **5 WEEKS**  **Starts Oct 20th \_ Nov 17th** | |  | **$80** |  |  |
| **Note all payments not received by January, 30 2020, PFSC will hold show costumes and show participation. If there are special circumstances contact Treasurer to request an acceptable arrangement for board approval: cpierce1234@mail.com   Any account not paid in full by January 30 ,2020, will be placed to “NOT IN GOOD STANDING” with USFSA.org.**  **Skaters will not be able to test or compete.** | | **Total Cost of Lessons:** | | |  |  |
| **Membership Fee from First Page: WAIVED FOR INTRO ONLY**  **UNLESS CONTINUING** | | |  | xxxxxxxxxxxxxxxxxxxxxxxx |
| **GRAND TOTAL** | | |  |  |
| **FIRST PAYMENT DUE AT REGISTRATION** | | |  |  |
| **REGISTRATION AND SESSION BALANCE** | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | |  | | |  |  |
|  | | | | | | |

**COMMUNICATION**

* **EMAIL, MAILBOXES ( THE FILE CABNIET), WEBSITE, (**[**www.Pittsfieldfsc.com**](http://www.Pittsfieldfsc.com)**), FACEBOOK, BULLETIN BOARD (AT ENTRANCE TO ICE),**

**VOLUNTEER POLICY**

Whenever you bring a child to a sport there comes a responsibility to help support the sport by giving of your time and talents. The Pittsfield Figure Skating Club, like most non-profit organizations, depends heavily on volunteers. A club with active volunteers not only helps spread the workload, but it also makes events successful and FUN for our skaters! We thank you in advance for your time, talents and efforts. Volunteers are needed in the following areas: Rink Monitoring, Basic Skills Competition, Test Session, Fundraising, Show, Membership, and Marketing. Please consider serving on a committee – for Marketing, Basic Skills, Test, Competition, Show and Hospitality, and Fundraising. Please remember to check the bulletin boards at the rink or the website for volunteer opportunities. The club asks for each family to give at least **five hours** of support or equivalent talent to be successful **Contact Jamie Bannon Ptjamie01@gmail.com**

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Skater’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Preferred Volunteer Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Talents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RINK MONITOR VOLUNTEERS**

Rink monitors duties include taking attendance on sessions and playing skater’s music while they are either practicing or in lesson. Please indicate the days and times that you are available to volunteer as a rink monitor. List all sessions that you could do in priority order. There will also be a sign up sheet available at the rink with open times where rink monitors are needed. Please remember that this club is run entirely by volunteer parents. Rink monitoring is a simple way to become involved and does not require activities beyond the time that your skater is at the rink. Rink monitoring is a good way to fulfill your volunteer time requirements for the season. A rink monitor attendance sheet will be available at each session to receive credit, PRINT your name on the attendance sheet so credit can be given. We will be available to orient new rink monitors; so do not worry if you do not have prior knowledge of this duty. If you have any questions about being a rink monitor, please **Contact Jamie Bannon at ptjamie01@gmail.com**  
Return this form with your registration or mail to PFSC, PO Box 214, Pittsfield, MA 01202   
  
Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Please list the session days and times that you are available in the order of your first through last choice.   
1st Choice Session Day and Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
2nd Choice Session Day and Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
3rd Choice Session Day and Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Volunteers are paid in six figures... S-M-I-L-E-S. 6