



# Cantiague Figure Skating Club

[www.cfscskatingclub.org](http://www.cfscskatingclub.org)



## 2018/2019 MEMBERSHIP APPLICATION

For the skating year July 1, 2018 through June 30, 2019

Check **one** of the categories below:

- RENEWAL** You are currently a CFSC Home Club member and wish to renew for another year.
- NEW MEMBER** You wish to become a CFSC Home Club member for this year.
- TRANSFER** You are currently a member of another figure skating club, and wish to change to CFSC Home Club.  
Current Home Club \_\_\_\_\_ \*\*\*\*\* **Change of Home Club** \*\*\*\*\*

\*\*\* All Home Club Memberships include registration with USFSA through Cantiague FSC.

### Member Information

Name: \_\_\_\_\_ USFSA # (IF ANY) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male:  Female:

Birthday: \_\_/\_\_/\_\_\_\_ USA Citizen Yes:  No:  **Email Address:** \_\_\_\_\_

Highest USFS Test Passed: FREE \_\_\_\_\_ MOVES \_\_\_\_\_ DANCE \_\_\_\_\_ PAIRS \_\_\_\_\_

Your Pro's Name(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Parent or Guardian Information, if Junior Member

Name: \_\_\_\_\_ USFSA # (IF ANY) \_\_\_\_\_

Male:  Female:  USA Citizen Yes:  No:  Birthday: \_\_/\_\_/\_\_\_\_

**Email Address (if Different):** \_\_\_\_\_

Check **one** of the Memberships below:

- JUNIOR/PARENT (\$135)** Membership for a Skater under age 18 and their parent (as of July 1).
- SENIOR (\$110)** Membership for an Adult Skater/Member over age 18 (as of July 1).
- ADDITIONAL SKATER (\$50)** Membership for another immediate family member of a CFSC member.
- INTRODUCTORY (\$60)** Membership for a skater who has **never** been a member of a USFSA Club.
- LEARN TO SKATE (\$25)** Basic Skills Membership with CFSC Learn to Skate Basic Skills Program.
- COLLEGIATE (\$125)** Membership for a Skater who is a full time student in college.

This cost is for 4 years of membership. College Attending \_\_\_\_\_

Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ \*\*\*\*\* *Credit cards not accepted for membership*

**If you are a new member or have updates, please tell us about yourself. Your talents, background and skating history:**

---

---

---

---

---

---

---

---

---

---

**Answer Yes or No to the following questions. For any Yes answers please give details and attach any supporting documentation.**

*Have you ever been in anything other than good standing with a figure skating club or the USFSA ?*

---

---

*Have you ever been suspended or terminated from a figure skating club or the USFSA ?*

---

---

### **Volunteering**

Skating clubs are run by volunteers and at CFSC we encourage and value volunteerism by all our members, including our junior members. If possible, take the time to volunteer with us. You will learn more about skating and make new skating friends. Please let us know if you are interested in helping in any of the following areas:

Test Sessions       Club Competitions       Serving on the Board       Other: \_\_\_\_\_

**THANK YOU!**

***I hereby agree to obey the rules and regulations, and to abide by the Constitution of both the Cantiague Figure Skating Club and the United States Figure Skating Association.***

\_\_\_\_\_  
**Signature (Parent or guardian if a skater is under 18)**

\_\_\_\_\_  
**Date**

**\*\*Complete these 2 pages and mail with signed waiver to:**

**Karen Anzalone  
1905 Gormley Avenue  
Merrick, NY 11566**

**CANTIAGUE FIGURE SKATING CLUB**

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

In consideration of participating in *Cantiague 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 "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 the *Cantiague 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 *Cantiague Figure Skating Club* has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the *Cantiague 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 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.

Permission is hereby expressly granted to *Cantiague Figure Skating Club* to use any photographs images or likeness of us or our skater in advertising, promotional materials, social media etc. I have also read and agree to follow the Club ice rules on the back of this waiver.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Participant (age 18 or older)

\_\_\_\_\_  
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.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
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 Cantiague Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Cantiague 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.

\_\_\_\_\_  
Name of 1<sup>st</sup> Minor Child Member (please print)

\_\_\_\_\_  
Name of 2<sup>nd</sup> Minor Child Member (please print)

\_\_\_\_\_  
Name of 1<sup>st</sup> Parent/Guardian (please print)

\_\_\_\_\_  
Name of 2<sup>nd</sup> Parent/Guardian (please print)

\_\_\_\_\_  
1<sup>st</sup> Parent/Guardian Signature      Date

\_\_\_\_\_  
2<sup>nd</sup> Parent/Guardian Signature      Date

\_\_\_\_\_  
Name of 1<sup>st</sup> Adult Member (please print)

\_\_\_\_\_  
1<sup>st</sup> Adult Member Signature      Date

\_\_\_\_\_  
Name of 2<sup>nd</sup> Adult Member (please print)

\_\_\_\_\_  
2<sup>nd</sup> Adult Member Signature      Date

This Consent for Medical Attention shall be binding and effective for the Cantiague Figure Skating Club membership year.