



## Cape Ann Skating Club

www.cafsc.org  
PO BOX 1193 Gloucester MA 01930  
Email: [CapeAnnSkatingClub@yahoo.com](mailto:CapeAnnSkatingClub@yahoo.com)

GENERAL MEMBERSHIP INFORMATION -  
MEMBERSHIP APPLICATION for FALL, 2019 - SPRING 2020.  
**PLEASE REVIEW & SIGN ALL FORMS BEFORE SUBMITTING.**

**DUE: AUG 16, 2019**

CAPE ANN FIGURE SKATING CLUB OPERATES UNDER THE ISI (ICE SKATING INSTITUTE) TRADE ORGANIZATION. ANNUAL MEMBERSHIPS WITH ISI RUN YEARLY, FROM SEPTEMBER THROUGH AUGUST. ONCE YOUR APPLICATION IS APPROVED FOR MEMBERSHIP, CAFSC WILL AUTOMATICALLY REGISTER (AND/OR RENEW) EACH MEMBER WITH ISI.

### ICE CONTRACTS

Contracts may be adjusted throughout the year by submitting "Drop/Add" request forms.

Members may not drop sessions after MARCH 1, 2020.

### EMAIL

To be sure the Club has your current email, please send your information to our email account at:  
[CapeAnnSkatingClub@yahoo.com](mailto:CapeAnnSkatingClub@yahoo.com)

### BILLING

Invoices are emailed one per month, September through April.

Payments are due on the date indicated on your invoice.

Skaters will have Membership privileges suspended if payment of invoices are overdue.

---

### MAKE UP SLIP INFORMATION -

MAKE UP SLIPS EXPIRE AT THE END OF THE SEASON and there are NO carry-overs.

ONLY FULL MEMBERS ARE ELIGIBLE TO OBTAIN MAKE UP SLIPS

5 Make Up Slips PER SESSION are given to Members for those applying/renewing by Sept 1st.

LATE CONTRACTS and 'mid season sign ups' result in a prorated number of make-up slips allocated.

NEW MEMBERS JOINING MID-SEASON ARE ENTITLED to 1 Make-Up Slip for every 2 Months remaining in the season.

Cape Ann Skating Club

www.cafsc.org

PO BOX 1193 Gloucester MA 01930

Email: [CapeAnnSkatingClub@yahoo.com](mailto:CapeAnnSkatingClub@yahoo.com)



MEMBERSHIP APPLICATION

SKATER NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ISI# \_\_\_\_\_ HIGHEST ISI TEST PASSED \_\_\_\_\_

USFS# \_\_\_\_\_ HIGHEST TEST PASSED \_\_\_\_\_ MOVES \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME. \_\_\_\_\_

BEST WAY TO CONTACT (EMAIL/PHONE) \_\_\_\_\_

FULL MEMBERSHIP Amt Due: \_\_\_\_\_  
Membership Fee \$125.00 (Siblings added at \$75/ea).  
Volunteer Fee \$150 (per family). Refunded when 10 hours of volunteer requirements are met.  
(Volunteer Fee waived for Bridge Members, FIRST YEAR ONLY).

FULL MEMBERSHIP WITH VOLUNTEER OPT-OUT Amt Due: \_\_\_\_\_  
Membership Fee \$125.00 (Siblings added at \$75/ea).  
Volunteer Opt Out Fee \$250 (per family). Non-Refundable.

**LATE FEE : \_\_\_\$25.00**  
**(if submitted after AUG 16, 2019) \$25.00**

**ALL CHECKS PAYABLE TO: CAPE ANN FIGURE SKATING CLUB.**

MAIL TO PO BOX, OR DROP OFF IN RINK OFFICE LOCK-BOX AT TALBOT RINK/CHERRY STREET.

TOTAL AMOUNT SUBMITTED WITH APPLICATION: \$ \_\_\_\_\_

# Cape Ann Skating Club

PO BOX 1193 Gloucester MA 01930

# CODE(s) OF CONDUCT Skater/Member & Parent/Guardian

## **Skater/Member Code of Conduct - Our goal is to maintain a safe and positive environment for all members.**

By signing below, I agree that:

1. I will conduct myself in a manner that is respectful to all CAFSC policies, as well as any other rink facility policies at all times.
2. I will show good sportsmanship at all our home rink (Cherry St/Gloucester) events, as well as other rinks, by remaining respectful to officials, parents, rink staff, performing peers, and competitors; and will be gracious in both winning and losing at competitions.
3. I will use appropriate language at all times.
4. 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.
5. I will support and encourage my fellow skaters.
6. I will be polite and respectful to all Coaches.
7. I understand the use of any rink warm-room and rink locker rooms is a privilege and I will behave myself and help keep them clean and respect other's belongings that are stored in these areas.
8. I will be considerate of other member's feelings and will not engage in bullying towards others. This includes: teasing, threats, name calling, menacing, and disruption to any student's ability to learn.
9. I will abide by the Club Safety Document and rules for "right of way", and refrain from playing games, and skating in any unsafe manner.

Skater LAST NAME (PRINT) \_\_\_\_\_ Signed \_\_\_\_\_

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

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

## **Parent/Guardian Code of Conduct - A Parental Code of Conduct gives everyone a guide to what is expected of us if we are part of a organization, participating in a sport, or as spectators at our child's events.**

By signing below, I agree that:

1. I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
2. I will place the emotional and physical well-being of my child ahead of my personal desire to win.
3. I will encourage my child to skate in a safe and healthy environment.
4. 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.
5. I will do my best to make skating fun and will remember that my child participates in sports for his/her own enjoyment and satisfaction not mine.
6. I will ask my child to treat other skaters, coaches, parents, fans, and officials with respect, regardless of race, creed, color, sexual orientation, gender identity, or ability.
7. I will be a positive role model for my child and other skaters.
8. I will respect my child's coach and refrain from coaching my child or other skaters during competitions, and practices.
9. I will respect the decisions of officials during competitions and test sessions.
10. I will be supportive of all the opponents in my child's competitions and respect the rights of all skater to participate.

Parent/ Guardian Name (PRINT) \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## **MEMBER CONSEQUENCES FOR VIOLATING CODE OF CONDUCT**

1ST OFFENSE: A meeting is arranged between parent, coach, skater to identify issue and resolve verbally. Written notice gets put into Skater Member records by a member of the BOD.

2ND OFFENSE: A meeting is arranged between parent, coach, skater and BOD Member to identify issue and determine if temporary ice suspension is necessary. Written documentation of offense and resolution are put into Skater Member file.

3RD OFFENSE: Coach and CAFSC BOD meet privately to determine continuation of skater Membership.



**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 it's 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: \_\_\_\_\_ / \_\_\_\_\_

The undersigned Participant or Parent/Guardian of the identified minor, acknowledge and fully understand that the Participant will be engaging in activities 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 voluntarily engages in such activities with adequate prior knowledge of such risks and dangers.

Such activities 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 voluntarily accepts all risks associated with the sport of ice skating.

Participants assumption and acceptance of risks stated 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 sue 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), together 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 omissions 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

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under age 18)

\_\_\_\_\_  
Date

## **VOLUNTEERING IS A PART OF YOUR MEMBERSHIP !**

(The only exception is Bridge Members, where this does not apply).

### **Volunteer Fees**

A volunteer fee of \$150 is collected from each full member at the time of Application submission. This fee is held by the Club during the season, and credited back to the Member at the end of the season once the Member has completed their required volunteering.

To OPT OUT of all volunteering: a Fee of \$250.00 can be paid to the Club at the time of Application submission and is non-refundable.

### **VOLUNTEER REQUIREMENTS**

Each Full Member /Family must volunteer 10 hours throughout the year (Sept - Aug)

There are 3 categories with volunteer requirements:

#### **1. LEARN TO SKATE(LTS) 2. THE ANNUAL SPRING SHOW 3. GENERAL**

##### **LEARN TO SKATE - Mandatory**

Full Member/Family must spend 2 hours (of the full 10) volunteering with CAFSC Learn to Skate efforts.

##### **SPRING SHOW - Mandatory** (for skaters who sign up for the show)

Full Member/Family must spend 2 hours volunteering to help with the Spring Show.

**FOR SOLOISTS ONLY:** Any Soloist or their guardian must volunteer 1 hour to set up for the show. Failure to attend show set up (which is usually the Friday before) will eliminate the skater from the show the following day.

##### **GENERAL**

Full Members must spending any remaining volunteer hours performing other tasks.

Examples of ways to Volunteer:

| <b>LEARN TO SKATE</b>   | <b>SPRING SHOW</b>   | <b>GENERAL</b>   |
|---|--|--|
| Distribute LTS Flyers to schools<br>Hang flyers in public places (cafes, libraries, town hall., etc.)           | Take the Lead for Show day<br>Bake Sale, Dress Rehearsal, or<br>Opening Number food. | Take on role of Volunteer tracking,<br>office secretary, head Proctor,<br>fundraising etc. |
| Work a CAFSC table during public<br>skate at the Talbot Rink. Hand out<br>info                                  | Promote show with newspapers,<br>other local news outlets.                           | Bake Sale lead for Holiday Expo  |
| Coordinate an event for the club<br>(Gloucester Holiday parade, July 4<br>parade, Fall Foliage Festival,,,)etc) | Costume Coordinator, Ticket<br>Sales, Flowers, Decorate sets,<br>Clean up            | Sportswear. Swag, or invent other<br>club promo ideas.                                     |
| Assist during LTS class: check in<br>skaters, get toys / crates / etc to ice.                                   | Take photos / video at event.  |  |

**TUESDAY**

|      |             |      |                          |                |  |
|------|-------------|------|--------------------------|----------------|--|
| TUES | 50 min      | \$23 | <input type="checkbox"/> | 6 pm - 6:50 pm | Freestyle (20 min); <b>High Power Group</b> (30 min)     |
|      |             |      | <input type="checkbox"/> | 6:20 - 7:10 pm | <b>High Power Group</b> (30 min); Freestyle (20 min)     |
| TUES | 50 min      | \$23 | <input type="checkbox"/> | 6 pm - 6:50 pm | Freestyle (20 min); <b>Low Power Group</b> (30 min)      |
|      |             |      | <input type="checkbox"/> | 6:20 - 7:10 pm | <b>Low Power Group</b> (30 min); Freestyle (20 min)      |
| TUES | 50min       | \$20 | <input type="checkbox"/> | 6 pm - 6:50 pm | Freestyle (20 min); <b>Alpha - Delta Group</b> (30 min)  |
|      |             |      | <input type="checkbox"/> | 6:20 - 7:10 pm | <b>Alpha - Delta Group</b> (30 min); Freestyle (20 min)  |
| TUES | 1 hr 50 min | \$34 | <input type="checkbox"/> | 6 pm - 7:50 pm | COMBO FS (20 min)/ <b>Any Group</b> (30 min)/FS (60 min) |
| TUES | 50 min      | \$16 | <input type="checkbox"/> | 7 pm - 7:50    | Freestyle  |

**SATURDAY**

|     |             |      |                          |                     |  |
|-----|-------------|------|--------------------------|---------------------|--|
| SAT | 50 min      | \$16 | <input type="checkbox"/> | 10 am - 10:50 am    | Freestyle  |
|     |             | \$20 | <input type="checkbox"/> | 10 am - 10:50 am    | Freestyle (20 min); <b>Any Group</b> (30 min)            |
|     |             | \$20 | <input type="checkbox"/> | 10:20 am - 11:10 am | <b>Any Group</b> (30 min); Freestyle (20 min)            |
| SAT | 1 hr 50 min | \$34 | <input type="checkbox"/> | 10 am - 11:50 am    | COMBO FS (20 min)/ <b>Any Group</b> (30 min)/FS (60 min) |
| SAT | 50 min      | \$16 | <input type="checkbox"/> | 11 am - 11:50 am    | Freestyle  |
| SAT | 50 min      | \$16 | <input type="checkbox"/> | 12 pm - 12:50 pm    | Freestyle  |

**SUNDAY**

|     |             |      |                          |                |               |
|-----|-------------|------|--------------------------|----------------|---------------|
| SUN | 50 min      | \$16 | <input type="checkbox"/> | 8 am - 8:50 am | Freestyle     |
| SUN | 50 min      | \$16 | <input type="checkbox"/> | 9 am - 9:50 am | Freestyle     |
| SUN | 1 hr 50 min | \$27 | <input type="checkbox"/> | 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: \_\_\_\_\_

