



**Membership Application for the St. Clair Shores Figure Skating Club
2015-2016 Season (June 1st, 2015 - May 31st, 2016)**

NOTE: Service Hour Fee of \$100.00 must be collected with F/W/S Contract in August. Unless specifically exempted below, all club members must pay a service hour fee. This fee will be credited back to the members account once the required service hours are complete.

Name of Applicant:

Name of Adult Member Applicant if above is under 18:

First Club Memberships

- Junior Club* (Basic skater with no USFSA tests) May Not Vote \$ 100.00
- Adult skater Adult Skater, May Vote \$155.00
- Youth skater (Have passed the PrePrefm test) Skater & One Parent, Parent May Vote \$210.00
- Additional Family Member (Sibling Skater) Skater, May Not Vote \$ 95.00
- Additional Family Member (Parent Skater) Parent Who Skates, May Vote \$ 95.00
- Additional Family Member (Adult) Non-Skater, May Vote \$ 35.00
- Collegiate Membership (enrolled in college) Adult Skater, May Vote, No Serv. Hr. \$ 75.00
(*One time* fee for 4 years of college)
- Board Member/Alumni Board member Skater & Parent (w/1yr of service) \$130.00
(With Skater) Parent May Vote
- Board Member/Alumni Board Member Adult (w/1yr of service) May Vote \$ 60.00
(No Skater)

Second Club Memberships

- Second Club Membership (Skater Only)* Skater, May Not Vote, No Serv. Hr. \$100.00

***Second Club Members and skaters coming from other programs (including SCS LTS) must provide a signed release from their most recent club/program director prior to approval of membership.**

Print name _____ Signature _____

(Turn Page Over)

To be completed by SCSFSC Office Staff

Date application received _____ Check # _____

Check Amount _____ Initials _____

Membership deposit amount _____ Service Hour deposit amount _____

Contract deposit amount _____

Please Print Clearly

Applicant Information

Name _____ USFSA # _____

Birth Date _____ Home Phone _____ Cell Phone _____

Address _____ City _____

State _____ ZIP _____ Skater Email Address _____

Last LTS/ISI/Basic Skills Test Passed: _____ Date of Test _____

Last USFS Freestyle Test Passed: _____ Date of Test _____

Last USFS Field Move Test Passed: _____ Date of Test _____

Parent/Gaurdian Information (For Applicants under 18)

Name _____ USFSA # _____

Home Phone _____ Cell Phone _____

Address _____ City _____

State _____ ZIP _____ Email Address _____

As a condition precedent to membership approval, the undersigned hereby agrees:

Please initial below EACH condition.

_____ To abide by the By-Laws and Rules of Conduct of the SCSFSC. (By-Laws are available in the Club office.)

_____ The SCSFSC is not liable for any injury a child may incur while participating in any SCSFSC sponsored activity.

_____ The Club understands that skaters' schedules are subject to change or cancellations as a result of special events or test days, or as a result of actual revenues or expenditures varying from budget forecasts. Unfortunately there can be **no refunds** of any fees due to unforeseen changes in a skater's schedule or for sessions they may miss or cancel.

_____ That a skater's use of ice, testing, participation in competitions and "Reflections on Ice" ice show, are predicted upon payment of ice fees and service hours to the Club in accordance with the schedule published by the SCSFSC.

_____ Unless specifically exempted, all First Club Members must pay a service hour fee and work the appropriate number of service hours.

All Membership applications are subject to the approval of the Board of Directors

Applicant's Signature _____

(or parent/guardian if under 18)

Date: _____