

First Club Memberships

St. Clair Shores Figure Skating Club

Membership Application

for the 2024-2025 Season (July-1, 2024- June 30, 2025)

Applicant Name:

Adult or Additional Family Member

Members with two (2) years of service

Membership

Available to Judges and skating professionals

Adult Member (if applicant is under 18):

If a parent or guardian is applying on behalf of an applicant under the age of 18, then both the Applicant and Adult Member will be considered SCSFSC members. Senior Membership applies only to Applicant or Adult Member, if applicant is under 18, named above. Introductory Club, Collegiate, Sibling, Official or Skating Professional classification entitles the applicant only a USFSA membership.

✓ Classification	Description/Service Hour requirement 30 hours	Senior Member	30 Service hour requirement	Cost
Introductory Club*	Basic skater with no USFSA tests – valid only for first year of membership (15 required service hours)			\$80
Junior Club*	Basic skater with no USFSA tests	Х	Х	\$100
Collegiate	Enrolled in college – one-time fee for four (4) years – up to 25 years of age			\$75
Adult Skater	Adult – at least 18 years or older	Х	Х	\$160
Youth Skater	Passed the Pre-Preliminary Field Moves test	Х	Х	\$220
Sibling Skater	Additional Family Member			\$100
Parent Skater	Additional Family Member	х		\$100

\$160

\$130

\$60

\$40

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Second Club Memberships

Adult Non-Skater

Board w/Skater

Board w/o Skater

Official/Skating

Official/ Skating

Professional

Professional

√ Classification	Description Service Hour Requirements	Senior Member	USFSA Member	Cost
Second Club Skater*	Secondary club membership			\$100

^{*}Please Note: Second Club Members and skaters coming from other programs (including SCS Learn to Skate USA) must provide a signed release from their most recent club/program director prior to application approval.

Available to Board Members with two (2) years of service Available to Board

Available to Judges and skating professionals who would like to have a Senior

Service Hour Deposit: A service hour fee of \$100.00 is payable with the Fall / Winter / Spring contract in August unless exempt. This fee will be credited back to the member's account once the required number of service hours are completed.



St. Clair Shores Figure Skating Club

Membership Application

PATTHO		for the 2024-2025	Season (July-1, 2024 [.]	- June 30, .	2025)
Applicar	nt Information					
Name:				USFSA #:		
Street Address:				DOB:		
City:	State:			Zip:		
Home Phone:	Cell Phone:					
Grade starting in Fall 2024:						
Email:						
Adult Member (if applicant is	Adult Member (if applicant is under 18) Information			"√" if add	lress is same as Applicant	
Name:	Name:			USFSA #:		
Street Address:	Street Address:				DOB:	
		C	ity: State:		Zip:	
Precedent to membershi	p approval, t	he undersigned hereby agrees: (<mark>Pleαse i</mark> l	nitial EACH c	ondition)		
To abide by the	To abide by the Bylaws and Rules of Conduct of the SCSFSC. (Bylaws are available in the Club office and online www.scsfsc.org))					
The SCSFSC is no	ot liable for a	ny injury a child may incur while participa	ating in any C	lub-sponsored ac	tivity.	
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 predicated upon payment of ice fees and completion of service hours to the Club in accordance with the schedule published by the SCSFSC.						
Unless specifically exempt, all First Club Members must pay a service hour fee, work 4 hours at the Shores Autumn Classic, 2 shows at Reflections on Ice and work the 30 required service hours.						
All Membership Applications are subject to approval by the Board of Directors						
Applicant Signature: or Adult Member (if applicant is under 18)						
FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS SECTION						
Date Application	Received:	Initials:			Check #:	
Service Fee Exempt: (C	ircle One)	YES NO		Check	Amount:	

Board Approval Date