

Skating Club of the Finger Lakes

ADULT BASIC SKILLS MEMBER REGISTRATION FORM (Saturday Basic Skills Program 10:00-10:50 am) 2009-2010

Please fill out one form for each member over 18 years of age

Full Name		Date of Birth	
Street		Telephone:	
City, State, Zip		Male/Female	
Emergency Contact Name & Relationship		Emergency Contact Telephone:	
Name of Medical Insurance		Policy #	

Are you a new member or previous member to the SCFL?	USFSA #
If Yes, have you ever been a USFSA Member before?	If so when?
E-mail: _____	Skill Level Passed?

	<i>Session One</i>	<i>Session Two</i>
<i>Check the appropriate selection</i> ___ \$120.00 for 1 st Family Member; or ___ \$110.00 for 2 nd or subsequent Family Member		
\$10.00 for US Basic Skills Registration (<i>annual</i>)	10.00	
TOTAL REGISTRATION FEES PAID PER SESSION		
<i>Make Checks Payable to the Skating Club of the Finger Lakes.</i>		

Medical Release

I, _____, do hereby authorize a representative from the Skating Club of the Finger Lakes to obtain whatever necessary medical treatment may be deemed necessary for myself while participating in the coach.

Signed: _____

Dated: _____

Photo Release

I, _____, do hereby authorize the Skating Club of the Finger Lakes, to use photographs of myself, to be posted in the monthly newsletters, and/or on the SCFL Web site. I further understand and agree that my first name and last name will accompany the pictures in the monthly newsletter, and that my first name only will be published with pictures on the web site. I further understand and agree that the pictures will only be used to encourage amateur athletes and to promote the sport of figure skating.

Signed: _____

Dated: _____

The Basic Skills Registration Form and the Waiver must accompany this Form for complete registration. Return completed Registration forms by September 25th to:

**Skating Club of the Finger Lakes
c/o Coach Cheryl Treilly
1148 York Street
Honeoye Falls, N Y 14472**

Club Use Only

Session One

<i>Officer's Approval:</i>		<i>Amount Received:</i>	
<i>Date Received:</i>		<i>Form of Payment:</i>	

Session Two

<i>Officer's Approval:</i>		<i>Amount Received:</i>	
<i>Date Received:</i>		<i>Form of Payment:</i>	



U.S. Figure Skating Waiver and Release and Assumption of Risk Agreement

In consideration of me being permitted to participate in any way in the **U.S. FIGURE SKATING AND CLUB OR the SKATING CLUB OF THE FINGER LAKES** sponsored Activities (“Activity”), I agree:

1. I understand the nature of **U.S. FIGURE SKATING AND the SKATING CLUB OF THE FINGER LAKES** activities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) **U.S. FIGURE SKATING AND the SKATING CLUB OF THE FINGER LAKES** Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** (“Risks”); (b) these Risks and dangers may be caused by my own actions, or inaction’s, the actions or inaction’s of others participating in the Activity, the condition in which the Activity takes place, or **THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW**; (c) there may be other risks and social and economic losses 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** incurred as a result of my Participation in the Activity.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the SKATING CLUB OF THE FINGER LAKES**, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, 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 further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT’S TERMS, 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 THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Witness

Signature of Witness

Date