

Skating Club of the Finger Lakes
Saturday Morning Advanced Skills
JUNIOR MEMBER REGISTRATION FORM
2009 - 2010

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

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

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

<i>Figure Skating Club Fees</i>	<i>Session One</i>	<i>Session Two</i>
____ \$120.00 for 1 st Family Member; or ____ \$110 .00 for subsequent Family Members		
USFSA Membership Fee ____ \$40.00 (<i>annual for 1st family member</i>)		
TOTAL REGISTRATION FEES DUE PER SESSION		
<i>Make Checks Payable to the Skating Club of the Finger Lakes.</i>		

Medical Release

<p>I, _____ (<i>parent or legal guardian</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 my minor child _____ (<i>name of child</i>) while participating in the SCFL Basic Skills Learn to Skate program.</p> <p>Signed: _____ Dated: _____</p>	
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Photo Release

I, _____ (parent or legal guardian), do hereby authorize the Skating Club of the Finger Lakes, to use photographs of my child _____ (name of child), to be posted in the monthly newsletters, and/or on the SCFL Web site. I further understand and agree that my child's first name and last name will accompany the pictures in the monthly newsletter, and that my child's 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 USFSA Registration and the Waiver must accompany this Form for complete registration.

*Mail completed Registration forms by **September 25** to:*

Skating Club of the Finger Lakes
c/o Coach Cheryl Trelly
1148 York Street
Honeoye Falls , New York 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, Assumption of Risk and Parental Consent and Indemnity Agreement

In consideration of my minor child being permitted to participate in any way in the **U.S. FIGURE SKATING AND CLUB** or the **SKATING CLUB OF THE FINGER LAKES** in 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 the Minor’s Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

2. **I FULLY UNDERSTAND** that: (a) **U.S. FIGURE SKATING AND CLUB** or 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 the Minor’s 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 the Minor’s 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 the minor’s 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, the minor, or anyone on the Minor’s 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 COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT’S TERMS, UNDERSTAND THAT I AND THE MINOR 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.

Name of Minor Child (Please print)

Signature of Parent or Legal Guardian

Signature of Witness

Date

Printed Name of Parent or Legal Guardian

Printed Name of Witness

Date