

BAY PATH FIGURE SKATING CLUB

2011-2012 CLUB MEMBERSHIP APPLICATION

NEW: _____

RENEWAL: _____

Skater's Name: _____ Date of Birth: _____

Skater's Address: _____

City: _____ State: _____ Zip: _____

Skater's E-mail Address: _____ Sex: F / M

Parent/Guardian Name _____ Phone: (_____) _____

Parent's E-mail Address: _____ Parent Date of Birth: _____

Work #: (_____) _____ Other #: (_____) _____

Medical Information:

Emergency Contact: _____

Emergency Phone: (_____) _____

Allergies: _____

Insured With: _____

Policy#: _____

Will you be receiving a private lesson on Bay Path ice? : _____

If so, professional's name: _____

Last test passed: Basic Skills: _____ Freestyle: _____ Moves: _____ Dance: _____

Membership #'s: USFSA: _____ ISI: _____

I hereby apply for ice time and/or membership for myself and/or my child into the Bay Path Figure Skating Club and acknowledge that I assume all risks and hazards incidental to participation in any and all activities of the Bay Path Figure Skating Club and Loring Arena. I hereby absolve, indemnify and agree to hold harmless the Bay Path Figure Skating Club, its directors, professionals, sponsors, supervisors, and participants from any claims arising out of injury to my child or me. I fully understand all payment and membership policies and agree to make full ice payments. I understand there is a \$25.00 fee for any returned checks. I also understand I will not receive any bills regarding ice payments.

Skater's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____