

**BAY PATH FIGURE SKATING CLUB**

**2010-2011 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: \_\_\_\_\_