



**Springdale Figure Skating Club**

P.O. Box 4557  
Stamford, CT 06907-0557

New  
 Renewal

**APPLICATION FOR MEMBERSHIP 7/1/16 - 6/30/17**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ US Citizen  Y  N

Parent(s) or Guardian if applicant is under 18 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_  M  F

Primary contact E-mail \_\_\_\_\_

If presently registered with the USFSA: Home Club \_\_\_\_\_ USFSA reg # \_\_\_\_\_

School and grade as of September 2016 \_\_\_\_\_

Synchro Team \_\_\_\_\_ Line \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS**

<u>Name</u>	<u>Date of Birth</u>	<u>Home Club &amp; Reg #</u>	<u>Synchro Team &amp; Line</u>
1. _____ <input type="checkbox"/> M <input type="checkbox"/> F	___/___/____	_____	_____
2. _____ <input type="checkbox"/> M <input type="checkbox"/> F	___/___/____	_____	_____
3. _____ <input type="checkbox"/> M <input type="checkbox"/> F	___/___/____	_____	_____
4. _____ <input type="checkbox"/> M <input type="checkbox"/> F	___/___/____	_____	_____

**CLUB MEMBERSHIP DUES**

(dues include membership in U.S. Figure Skating and subscription to "Skating" magazine)

Home Club Membership - First Family Member	\$150		\$ _____
Home Club Membership - Additional Family Members	\$ 60	x _____	\$ _____
Associate Membership - First Family Member (Home Club Member of another club)	\$ 65		\$ _____
Associate Membership - Additional Family Members	\$ 45	x _____	\$ _____
<b>TOTAL</b>			\$ _____

Please make check payable to Springdale Figure Skating Club and mail with this form to:  
Springdale Figure Skating Club, P.O. Box 4557, Stamford, CT 06907-0557.

Dues will not be pro-rated

**WAIVER OF LIABILITY**

I agree to waive liability and release any and all claims against RivCan Associates, owner ("Owner") of Stamford Twin Rinks (the "Facility"), its owners, Springdale Figure Skating Club, its members, and all of their officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my children's participation in these activities.

**CODE OF CONDUCT**

I agree to abide by the "Guidelines for Conduct of Skaters and Rules for Figure Skating Sessions" of the Springdale Figure Skating Club, the Code of Ethics of the United States Figure Skating Association, and the Rules of Stamford Twin Rinks. (Parents are expected to explain the rules to their children.) I agree to pay the appropriate fee for every Club session that I skate on, in advance of stepping on the ice. I agree that the staff of the Facility or a Board Member of the Club may require the withdrawal from any session of any skater who violates the Rules or who fails to pay for a session.

**Both the applicant and parent or guardian of the applicant, (if applicant is under 18) must sign, below, in order to be accepted for membership. US Figure Skating requires that you sign the Agreements on the other side in order to be accepted for membership.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

(if applicant is under 18)

## ***Springdale Figure Skating Club***

### **Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement**

In consideration of participating in the Springdale Figure Skating Club activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks 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 I incur as a result of my participation in the "activity".

I hereby release, discharge, and covenant not to sue the Springdale Figure Skating Club, United States Figure Skating, its directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants 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 I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The Springdale Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Springdale Figure Skating Club shall not be responsible for the supervision of the members on Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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, the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Signature of Adult Member(s) or Parent/Guardian of members under 18

\_\_\_\_\_  
Date

### **Parental Consent and Indemnification Agreement**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been 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 claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent/Guardian

### **Consent for Medical Attention or Treatment**

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the ***Springdale Figure Skating Club*** and the ***Stamford Twin Rinks***, their staff and to members of the ***Springdale Figure Skating Club***, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

\_\_\_\_\_  
Signature of Adult Member(s)

\_\_\_\_\_  
Name(s) of Members under 18

\_\_\_\_\_  
Signature of Parent or Legal Guardian

This Consent for Medical Attention shall be binding and effective for the 2016-17 membership year.