



SYCAMORE ICE SKATING CLUB



Membership Application

Date: ____ - ____ - ____

Skater's Name: * _____ Birth Date: _____

*For family membership, enter last name here and list all members below

Parent(s): _____ Home phone: (____) _____ - _____

Cell or

Address: _____ Work phone: (____) _____ - _____

City/State: _____ zip _____ E-mail address _____

Home Club (if not Sycamore ISC) _____ USFSA # _____

****List all members, including parent sponsor here**, including birthdates for all applicants, and **indicate** which person is to be the primary member receiving the *USFSA SKATING MAGAZINE* by placing an (X) next to the name.

Name	Birthdate	Name	Birthdate	Name	Birthdate
() _____	__-__-__	() _____	__-__-__	() _____	__-__-__
() _____	__-__-__	() _____	__-__-__	() _____	__-__-__

MEMBERSHIP FEES

NOTE: Club and USFSA dues are required for joining SISC as your home club. Payment of these fees will also give you the **Supporting Membership** to Sycamore ISC until payment of membership ice fees is made.

All fees below are to paid in full upon joining the club. As a member of this not-for-profit organization, you are also expected to help support the fundraisers that assist in the payment of our ice costs each season. Your commitment is essential to the club's success!

- **USFSA dues** (primary, or 1st family member), or \$25 intro fee if eligible \$50.00 50.00
- **USFSA dues** (secondary, or additional skating family members, plus **minimum 1 sponsor parent** if skater is under 18 yrs) \$20.00 x # ____ = _____
- **Sycamore Club dues** (for all home-club and non-home club mbrs) \$25.00 25.00
- **Coaching membership** (full-time coaches only; this is in **addition** to the USFSA dues. Your SISC dues are a part of this fee.) \$55.00 _____

Sub-total # 1 _____

MISCELLANEOUS ICE FEES

- *Synchronized Team: (first skating club member) see current class fees _____
- (each additional family member) x # ____ = _____
- (Sampler, a one time 4-wk trial) 28.00 x # ____ = _____

* - team enrollment **must be prior** to beginning of second half season;

Sub-total # 2 : _____

BASIC ICE FEES

<u>Membership Type</u>	<u>Fee</u>	<u>Total</u>
Jr. Club – 1 st member* (2 nd mbr = \$297, 3 rd mbr = \$264) _____	358.00*	_____
Individual Wednesday _____	264.00	_____
Individual Saturday _____	396.00	_____
Individual Combined _____	480.00	_____
Family Wednesday _____	345.00	_____
Family Saturday _____	517.00	_____
Family Combined _____	576.00	_____
Associate _____	50.00**	_____
____ Supporting (see Membership section for fees)		
	Sub-total # 3 :	_____

* Jr. Club includes all LTS sessions; 1st, 2nd, 3rd members are part of same immediate family, or siblings

** Assoc. members pay by skate session attended – current rate per session is \$16

Total Club Fees Due:

(Dues)	Sub-total #1	_____
(Team)	Sub-total #2	+ _____
(Ice Fees)	Sub-total #3	+ _____

LINE #1 Full season total due: (add sub-totals above) _____

***** If paying 1/2 season, complete this section: *****

List 1/2 of basic ice fees (sub-total #3) _____
 Add required fees (sub-totals #1 and 2) + _____

LINE #2 1/2 season total due now: _____

LINE #3 Balance due: (subtract line #2 from line #1) _____

*** BALANCE DUE ON OR BEFORE **JANUARY 14, 2012** ***

Make checks payable to: **SYCAMORE ICE SKATING CLUB** waiver signed

Send or bring payment and completed club application to:

Barbara Rector, SISC Membership Chairman	contact info: hm: 888-6047
8302 Forward Pass Rd	ralphcleo@aol.com
Indianapolis, IN 46217-4424	

TOTAL SUBMITTED: _____ **DATE:** _____ **CHECK # :** _____
Addl. payments: _____

Sycamore Ice Skating Club

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

In consideration of participating in *Sycamore Ice Skating Club* activities during the 2011-12 season, I represent that I understand the nature of figure skating activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that these activities 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 activities, the conditions in which the activities takes place, or the negligence of the releasee(s) 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 of losses, costs, and damages I incur as a result of my participation in the activities.

I hereby release, discharge, and covenant not to sue Sycamore Ice Skating Club, US 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 activities take 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 Sycamore Ice 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 Sycamore Ice Skating Club shall not be responsible for the supervision of the members at 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 feely 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.

Printed name of participant(s)

Date

Signature of participant(s)

Parent/guardian signature if participant(s) is a minor