



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: (____) _____ - _____

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

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

US citizen? Y N 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
(P) _____	__-__-__	(S) _____	__-__-__	() _____	__-__-__
(S) _____	__-__-__	(S) _____	__-__-__	() _____	__-__-__

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 *\$30 intro fee if eligible \$60.00* 60.00
- **USFSA dues** (secondary, or additional skating family members, plus **minimum 1 sponsor parent** if skater is under 18 yrs) \$24.00 x # ____ = _____
- **Sycamore Club dues** (for all home club and non-home club mbrs) \$30.00 30.00

Sub-total # 1 _____

2016-17 BASIC ICE FEES (subject to change)

<u>Ice packages available</u>	<u>Fee</u>	<u>Total</u>
Jr. Club – 1 st member* (2 nd mbr = \$300, 3 rd mbr = \$270)	360.00*	_____
Individual Wednesday	400.00	_____
Individual Saturday	400.00	_____
Individual Combined	610.00	_____
Family Wednesday	525.00	_____
Family Saturday	525.00	_____
Family Combined	710.00	_____
____ 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

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, 2017** ***

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: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating in Sycamore Ice Skating Club activities, 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 have been informed that a physical examination and a physician's approval is advisable prior to participating in figure skating activities, and that an annual or more frequent physical examination and consultation with my physician as to figure skating activities is also recommended. I have either had a physical examination and have received my physician's permission to participate in figure skating activities, or I have elected not to have such physical examination or obtain such physician's permission.

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 Released Parties 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 release, discharge, and covenant not to sue Sycamore Ice Skating Club Inc., US Figure Skating, or their directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, or other figure skating participants (each, a "Released Party" and collectively, the "Released Parties") from all liability, claims, demands, losses, or damages (collectively, "Claims") resulting from my participation in or use of any activities, programs, facilities, or equipment offered or operated by the Released Parties. I release the Released Parties from any Claims raised by or relating to myself, including, without limitation, those caused by the negligent act or omission of the Released Parties, or otherwise in any way arising out of or connected with my participation in the figure skating activities. I agree that if, despite this agreement, I, or anyone on my behalf, makes a Claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any loss, liability, damage, or cost which any may incur as the result of such Claim.

Sycamore Ice Skating Club Inc. has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club ice. Notwithstanding the foregoing, I acknowledge that the Sycamore Ice Skating Club Inc. shall not be responsible for the supervision of the skaters at Club ice or other activities or programs.

I have read this WAIVER AND RELEASE 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(s) of Participant(s): _____

Signature of Participant or Parent/Guardian: _____

Date: _____, 2016/17



Sycamore Ice Skating Club

2016–17 Photo Release Form

I hereby give Sycamore Ice Skating Club permission to publish or reproduce in print, electronic or video format the likeness or image of me or my child for use in the promotion of Sycamore Ice Skating Club social media and related activities. I release all claims against the Sycamore Ice Skating Club with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

Printed name of first minor child member
or adult skating member

Printed name of second minor child member

YOUR NAME (Parent or Guardian, please print)

YOUR SIGNATURE

DATE

I refuse consent for the use or reproduction of my child's photograph(s) by Sycamore Ice Skating Club.

Printed name of first minor child member or adult skating member

YOUR SIGNATURE

DATE

Please submit signed and completed Photo Release Form to Sycamore Ice Skating Club with membership and/or Learn to Skate registration forms.