

**BCFSC MEMBERSHIP APPLICATION FOR JULY 1, 2009 – JUNE 30, 2010**

Full Skating Member	\$150 _____	College Membership (4 yrs.)	\$150 _____
2nd Full Member Family	\$80 _____	Associate Member	\$70 _____
Junior Skating Member	\$100 _____	2nd Associate Member Family	\$40 _____
2nd Jr Skating Member Family	\$60 _____	Social Adult Member	\$50 _____
Basic Skills Member	\$50 _____	Professional Member	\$60 _____

Name of Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ USFS #: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Most Recent Skating Tests Passed: \_\_\_\_\_

Home Club if other than BCFSC (Associate Members Only): \_\_\_\_\_

Voting Social Adult for Full Members under 18 yrs: \_\_\_\_\_

Names of Parents or Guardians for Members under 18 yrs: \_\_\_\_\_

Phone if different than member: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION SHOULD WE BE UNABLE TO REACH A PARENT OR GUARDIAN**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Preferred Physician: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

**HANDBOOK VERIFICATION**

**Handbook is available online at [www.bcfsc.org](http://www.bcfsc.org) . To request a paper copy contact a Board Member.**

**I have received and read the current BCFSC Membership Handbook and agree with the conditions and rules contained therein and agree to review the information contained therein with the above-named skater.**

**Signature of Parent/Guardian or Member over 18 yrs: \_\_\_\_\_**

**FUNDRAISER/VOLUNTEER POLICY**

**I understand that The Beaver County Figure Skating Club relies on member volunteers to help with our various activities, events and fundraisers. I understand that I have been requested or encouraged to volunteer my time to support the Club and my skating member.**

**I have read the Club's Fundraising Policy and understand that Full Members are required to participate in the three mandatory fundraising activities and all other members are encouraged to participate in fundraising activities.**

**Signature of Parent/Guardian or Member over 18 yrs: \_\_\_\_\_**

**PARENTAL/GUARDIAN CONSENT AND WAIVER FOR ALL SKATING MEMBERS**

**As parent(s) or legal guardian(s) of \_\_\_\_\_ (the "Minor") I/we hereby give my/our consent of the Minor to participate in the Beaver County Figure Skating Club programs, based at the Beaver County Ice Arena at Brady's Run Park, Beaver Falls, Pennsylvania.**

**I/We also hereby fully release and discharge Beaver County, Pennsylvania, owner of the Ice Arena, the Beaver County Commissioners, the Ice Arena and its employees, the Beaver County Figure Skating Club and its officials, officers and Board Members, and all Professional Instructors from all rights, claims, and actions which the Minor or I/we have now or hereafter may have against said parties, including but not limited to property damage and personal injury, including death incidental to the activities of the Beaver County Figure Skating Club skating programs and/or use of the Freestyle Harness, arising out of the Minor's participation, in any manner, in the skating programs.**

**I/We give my/our permission to have said Minor treated by paramedics or other medical personnel and/or transported to the Medical Center-Beaver or other nearby hospital, for an emergency and be treated by the doctor or surgeon on call or duty, only if I/we cannot be reached.**

**Signed this date \_\_\_\_\_, with the intent to be legally bound.**

**Signature of Parent/Guardian or Member over 18 yrs: \_\_\_\_\_**