



## MEMBERSHIP APPLICATION

(Please use one form per person)

July 1, 2011 – June 30, 2012

### **MEMBERSHIP:**

Regular Home Club Membership (Junior or Senior)*	\$100_____
Add'l Family Member (same address), Home Club/USFSA membership-excluding Pro's	\$40_____
Associate Member (Home club elsewhere)	\$60_____
Interim Membership: Home or Associate (between Jan 15 – June 30)	\$50_____
Collegiate Member**	\$150_____
Basic Skills Member***	\$ 15_____
Introductory Membership* (1 <sup>st</sup> Year USFSA Member)	\$50 _____
Scholarship Fund Contribution	\$_____

***Please note that if you will be using Club Ice for any reason (i.e. practice or testing) you must also complete and submit the Emergency Medical Release Form.***

**Professional Membership – Please complete Professional Membership form available by request or at [www.stlouisskatingclub.org](http://www.stlouisskatingclub.org)**

Note: Senior members are 18 or older.

\* includes U.S.F.S.A. membership and a subscription to *Skating* magazine.

\*\* 4 year USFSA membership & subscription to *Skating*. Must be enrolled in college & can only be used once

\*\*\*cannot test or use club ice, but can compete in basic skills competitions. Does not receive *Skating* magazine

I (senior member or parent/guardian) am interested in volunteering for the following activities:

\_\_\_\_\_ Newsletter \_\_\_\_\_ Publicity \_\_\_\_\_ Tests \_\_\_\_\_ Fundraising \_\_\_\_\_ Board position or Chair  
\_\_\_\_\_ Hospitality \_\_\_\_\_ Gateway Invitational \_\_\_\_\_ Regionals Exhibition \_\_\_\_\_ Ice Monitor

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ U.S. Citizen? (circle one) YES NO

Parent/Guardian Name (if Junior Member) \_\_\_\_\_

U.S.F.S.A. Number (Leave blank if first time joining the U.S.F.S.A.): \_\_\_\_\_

If previously a member, but U.S.F.S.A membership lapsed, please indicated club and last year associated \_\_\_\_\_

Home Club (if joining as an Associate) \_\_\_\_\_

Coach(es): \_\_\_\_\_



For new members, highest U.S.F.S.A. test passed and date:

Moves \_\_\_\_\_ Freestyle \_\_\_\_\_  
Pairs \_\_\_\_\_ Dance \_\_\_\_\_

Buzz Book:

I DO DO NOT (circle one) want to be listed in the Buzz Book.

Please note that Buzz books will be sent out via email to members on the St. Louis Skating Club Email Mailing List.

Please Check here if you have no internet access and would prefer a paper copy of the Buzz book.

E-Mail List: Please Check if you listed an email address but **do not** wish to be on the clubs announcement email list.

I hereby release and hold harmless the St. Louis Skating Club, its Officers, Directors, and independent contractors for any claim for damages which may arise from my participation in Club activities. I agree to comply with Club policy regarding monitoring, volunteering, and fundraising or to pay non-participation fees as set by the Club's Board of Directors. I further agree that agree to comply with the rules of U.S. Figure Skating, as prescribed in the 2009 Official USFSA Rulebook and the St. Louis Skating Club, and further agree that I may be subject to appropriate discipline for any violations of those rules.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (Junior Members) \_\_\_\_\_

I give permission for the use of my/my child's photograph or photographic image in St. Louis Skating Club publications, including the web site. Web site photographs will not identify the skater. I hereby release all rights to photographs utilized by the St. Louis Skating Club and release the St. Louis Skating Club from any liability for their use.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (Junior Members) \_\_\_\_\_

Make check payable to St. Louis Skating Club or provide Visa/Mastercard card information:

# \_\_\_\_\_ Exp: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Mail completed application to:

Beth Gartin  
St. Louis Skating Club  
7053 Northmoor Drive  
St. Louis MO 63105

Questions? Contact Beth Gartin at [Gartin@aol.com](mailto:Gartin@aol.com) or (314) 725-6237

Note: Applications are reviewed by the St. Louis Skating Club Board for approval. THANK YOU for joining.