

FINDLAY SILVER BLADES FIGURE SKATING CLUB

USFSA CLUB #2996

Membership Application

JULY 1, 2024 TO JUNE 30, 2025

PLEASE CHECK THE APPROPRIATE BOX:

	☐ RENEWAL	□ New Member	\square Transfer from	Another Club	
Home Club	•	udes FSBFSC use of Op alk-on fee and U.S. Figu	•	with use of punch card or o.	
				Membership Fees	
□ First Fami	\$100.00				
□ Subseque	☐ Subsequent Family Member				
☐ Collegiate (Includes 4-year FSBFSC and USFS memberships)				\$120.00	
☐ Introducto	\$65.00				
☐ Profession	nal (Coach over th	ne age of 18)		\$80.00	
* Please not	e that membersh	ip fees are due upon re	ceipt and will not be pr	orated.	
	cks payable to:			Figure Skating Club	
* Send completed forms and payment to: Findle			Findlay Silver Blades	FSC The second s	
			c/o Professional Com	<mark>ımittee</mark>	
			P.O. Box 206		
			Findlay, OH, 45839-0	<mark>206</mark>	
FIRST FAMILY MEMBE					
				DOB	
Gender: ☐ Male			□ Yes □ No		
Current Levels					
Coaches Name			Coach Email		
ADDITIONAL FAMILY N					
				DOB	
Email					
Gender: ☐ Male			□ Yes □ No		
Coaches Name			Coach Email		
Name			USFSA #	DOB	
Email					
Gender: ☐ Male	□ Female	U.S. Citizen:	\square Yes \square No		
Current Levels					
Coaches Name			Coach Email		

PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION!

MEMBERSHIP APPLICATION WILL NOT BE PROCESSED WITHOUT A COMPLETED WAIVER!

MEMBERSHIP AGREEMENT, WAIVER, AND RELEASE OF LIABILITY

In consideration for being allowed to participate in any skating or related activities sponsored by the Findlay Silver Blades Figure Skating Club and by signing below, I acknowledge that:

- 1. Membership in the Findlay Silver Blades Figure Skating Club (FSBFSC) and participation in FSBFSC activities is a privilege and that my membership may be revoked in accordance with procedures established in the FSBFSC bylaws.
- 2. From time-to-time FSBFSC will take pictures at club events and post these pictures. I agree that Findlay Silver Blades Figure Skating Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
- 3. I have read the FSBFSC Bylaws and Handbook and agree to support and abide by the provisions for membership as outlined therein. I agree to conduct myself in accordance with the established behavior guidelines contained in the U.S. Figure Skating bylaws, rules, and other publications.
- 4. The risk of injury from the activities involved as a skater is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others and assume full responsibility for my participation.
- 5. I willingly agree to comply with the stated and customary terms and conditions for participation in any FSBFSC event. If I observe any significant hazard during my presence or participation, I will remove myself from participation and will immediately bring such to the attention of the nearest official.

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless

applicable, owners and leasers of premises used to conduct the	r participants, sponsoring agencies, sponsors, advertisers, and if ne event ("releasees"), with respect to any and all injury, disability, ng from the negligence of the releases or otherwise. I have also at set for by Findlay Silver Blades Figure Skating Club.	
Participant's Signature (For members Age 18 or older)	Date Signed	
FOR PARTICIPANTS OF MINORITY AGE (under age 18 at ti	me of registration):	
This is to certify that I, as parent/guardian with legal responsil release as provided above of all the Releasees, and, for myse to indemnify the Releasees from any and all liabilities incide provided above, even if arising from their negligence.	If, my heirs, assigns, and next of kin, I release and agree	
Parent/Guardian's Name (Printed)	Parent/Guardian's Email	
Parent/Guardian's Signature	Date Signed	

Снк#

FOR OFFICE USE ONLY: RCVD DATE

Снк Date

AMT RCVD