



UNIVERSITY OF DELAWARE FIGURE SKATING CLUB, INC.

2009/2010 MEMBERSHIP APPLICATION

(JULY 1, 2009, THROUGH JUNE 30, 2010)

- New member of UDFSC and US Figure Skating
- Renewing UDFSC membership
- New to UDFSC, but previous/current US Figure Skating member.
(Transfers at time of annual renewal do not require a Change of Home Club form.)

- UDFSC will be my home club _____
- I will be an associate member of UDFSC, my home club is _____
(Please make sure that your Home Club pays your US Figure Skating dues.)
- This is a Collegiate four-year membership. (*Must include supplemental Collegiate form.*)

U.S. Figure Skating number _____

New members with a US Figure Skating Basic Skills number: please enter that number.
Previous members renewing after a period of lapsed membership, please enter your old number.
New members with no previous US Figure Skating affiliation should leave this blank.

Name: _____	Primary Phone Number: (<input type="checkbox"/> home, <input type="checkbox"/> work, <input type="checkbox"/> cell)
Street Address: _____	Alternate Phone Number: (<input type="checkbox"/> home, <input type="checkbox"/> work, <input type="checkbox"/> cell)
_____	Email address(es): _____
City: _____ State _____ Zip _____	_____
_____	_____
Local address for UDFSC mailings (only if different from above address). Street Address: _____	Birth Date: _____
_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____ State _____ Zip _____	_____
_____	_____

Please indicate your Primary Activity:

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Competitive Skater | <input type="checkbox"/> Recreational Skater | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Coach |
| <input type="checkbox"/> US Figure Skating Official/Officer | <input type="checkbox"/> Club Officer/Board Member | | <input type="checkbox"/> Other |

Check any others (excluding primary) that apply:

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Adult Skater | <input type="checkbox"/> Synchro | <input type="checkbox"/> Collegiate | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Competitive Skater | <input type="checkbox"/> Recreational Skater | <input type="checkbox"/> Parent/Guardian | |
| <input type="checkbox"/> US Figure Skating Official/Officer | <input type="checkbox"/> Club Officer/Volunteer | | |

Please sign the injury waiver and fill in payment information on the reverse side.

University of Delaware Ice Arena and UDFSC Waiver.

This section must be completed by **all members**. Incomplete forms will be returned.

In recognition of the privilege of using the University of Delaware Ice Arenas as a Member of the University of Delaware Figure Skating Club I (we) accept full responsibility for any accident which may occur in connection with such use and do hereby covenant with the University of Delaware and the University of Delaware Figure Skating Club that I (we) will never sue or bring any legal action against them or their successors or against any of their agents or employees nor will I (we) bring such action against the UDFSC Board of Directors and I (we) agree to indemnify and save harmless the University of Delaware, its agents and employees, and the UDFSC and its Board of Directors from any and all claims which may arise in connection with my (our) use of the said Ice Arenas.

Signature: _____ **Date:** _____

(Parent or guardian must sign on behalf of any member who will be under 18 on 7/1/2009.)

University of Delaware, and UDFSC Emergency Treatment Release.

This section must be completed by a parent or guardian on behalf of **any member who will be under the age of 18 on 7/1/2009**. Application will be returned if not completed.

I, _____ hereby authorize any physician and/or member of the Medical Staff of any hospital or emergency treatment center to render medical treatments which, in his/her judgment may be deemed necessary in the care of: _____

Parent/guardian signature: _____ **Date** _____

2009–2010 Membership Dues

Regular, annual membership, First Family Member

_____ \$100 Regular annual Home Club membership.

_____ \$60 Regular Associate membership.

Reduced rate for new members joining UDFSC for the first time after January 1, 2010

_____ \$65 New Home Club members after January 1.

_____ \$45 New Associate members after January 1.

Additional members in same immediate family. Please give name of related First Family Member:

_____ \$55 Additional Home Club family member.

_____ \$40 Additional Associate family member

_____ \$10 Late fee for Renewals after 7/31/2009.

_____ \$180 Collegiate four-year membership.
(must include supplemental Collegiate form)

_____ TOTAL \$ (Check or money order attached.)
(NO CASH WILL BE ACCEPTED)

Return, with check, via U.S. Mail to:

University of Delaware Figure Skating Club
Fred Rust Arena
South College Avenue
Newark, DE 19716

Or use the Club Lockbox located in the office hallway of the Fred Rust Arena.

Check or money order payable to UDFSC must be included with application. One check may cover several family members if all applications are submitted together.

Membership or testing fees to UDFSC *cannot* be paid to the cashier in the Rust Arena nor included in checks or payments to the University of Delaware for ice time or other services.