

DULUTH FIGURE SKATING CLUB

2008-2009 REGISTRATION

Skater's Name:	USFSA No.:
Address:	Highest Freestyle Test Passed:
City: State: Zip:	Highest MIF passed:
Date of Birth:	Primary coach:
Parent/Guardian:	Type of membership* (check one)
Home Phone:	_____ Home Club Individual \$160 Jul 1, 2008 thru June 30, 2009. (\$105 Feb. 1 thru May 31)
Work Phone:	_____ Home Club Family * \$185 July 1, 2007 thru June 30, 2008. (\$125 Feb.1 thru May 31) *Family membership consists of one parent/ legal guardian and up to 3 children less than 19yo residing at the same address. * add \$10 each member over and above four
Cell Phone:	_____ Home club NON-CONTRACTING \$110
E-Mail Address:	_____ Associate Individual \$115 July 1, 2008 thru June 30, 2009 (\$90 Feb. 1 thru May 31)
Emergency Contact:	_____ Associate Family** \$150 July 1, 2008 thru June 30, 2009. (\$115 Feb. 1 thru May 31 -See family description above)
Emergency Phone:	** Add \$10 for each member over and above four
Emergency Medical Facility:	
Physician:	Home Club, if other than Duluth:
Insurance Provider:	

Emergency Medical Treatment Permission/Waiver

I hereby authorize the Duluth Figures Skating Club (DFSC), through its representatives, to obtain emergency medical treatment for the skater named above. Further, I request that the skater named above be allowed to participate in DFSC activities, both on and off the ice, and I release the DFSC, its members, and its coaches from any responsibility for injuries to the above-named skater during DFSC activities. I understand that there is a risk of serious injury from these activities.

Signature (Parent/Guardian must sign if skater is under 18)

Date

Website Permission

I hereby authorize the Duluth Figure Skating Club to display skating-related photographs of the skater named above and to provide skating-related information about the skater named above on the DFSC website, www.duluthfsc.org.

Signature(Parent/Guardian must sign if skater is under 18)

Date
 Return to Mary Davis
 3431 E. 2ND St. Duluth, MN 55804

*All membership types include membership

**An associate member must be a home club member of another USFSA-s: