

DULUTH FIGURE SKATING CLUB 2009-2010 REGISTRATION

Submit Registration to:
LAURA LOTT
313 N Blackman Ave
Duluth MN 55811

Skater's Name:		USFSA Number:	
Address:		City, State, Zip:	
Date of Birth:		Email Address:	
Highest MIF Test Passed:	Highest Freestyle Test Passed:	Primary Coach:	
Parent/Guardian:		Contact Phone Numbers: Home-	Cell-
Emergency Contact (Other than Parent/Guardian):		Emergency Contact Phone Number:	
Emergency Medical Facility:		Physician:	
Insurance Provider:		Home Club, if other than Duluth:	

Type of Membership* (Check One)

Home Club Individual \$160 July 1, 2009 to June 30, 2010 (\$105 Feb 1 to May 31)

Home Club Family \$185 July 1, 2009 to June 30, 2010 (\$125 Feb 1 to May 31) *Family membership consists of one parent/legal guardian and up to 3 children less than 19 years old residing at the same address. Add \$10 for each member over and above four.*

Home Club NON-CONTRACTING \$110

Associate Individual* \$115 July 1, 2009 to June 30, 2010 (\$90 Feb 1 to May 31)

Associate Family* \$150 July 1, 2009 to June 30, 2010 (\$115 Feb 1 to May 31) *See family definition above. Add \$10 for each member over and above four.*

Collegiate** \$ 225 Membership valid for 4 years from date of registration. *Individual must be a student at an accredited secondary or post-secondary institution and provide proof of enrollment at time of registration.*

Quarterly Junior Club \$45 (Check One Below) *Individual must have completed at least two DFSC Learn to Skate sessions to participate in Junior Club.*

Q1 July 1, 2009 to September 30, 2009

Q2 October 1, 2009 to December 31, 2009

Q3 January 1, 2010 to March 31, 2010

Q4 April 1, 2010 to June 30, 2010

* Associate member must be home club member of another USFS sanctioned skating club or individual member of USFS.
 ** Collegiate member may only contract ice on weekends and during summer (June/July/August). Monitor duties apply excluding summer months.

<p style="text-align: center;"><u>Emergency Medical Treatment Permission/Waiver</u></p> <p>I hereby authorize the Duluth Figure 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 there is a risk of serious injury from these activities.</p> <p>_____</p> <p>Signature (Parent/Guardian must sign if skater is under 18)</p> <p>_____</p> <p>Date</p>	<p style="text-align: center;"><u>Website Permission</u></p> <p>I hereby authorize the Duluth Figure Skating Club (DFSC) 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.</p> <p>_____</p> <p>Signature (Parent/Guardian must sign if skater is under 18)</p> <p>_____</p> <p>Date</p>
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