



**First Club Full Skating
 Membership Application**
 July 1, 2008 - June 30, 2009

For Club Use:
Date Recd: _____
Date Approved: _____
Date Notified: _____

Membership Information

Please submit the following to apply for membership as a **SKATER/ PARENT** in the Figure Skating Club of Madison:

<input type="checkbox"/> Completed Membership Application	<input type="checkbox"/> Completed Volunteer Form
<input type="checkbox"/> Completed and signed Liability Waiver	<input type="checkbox"/> Payment check (no cash please.)

- Return membership applications to the Membership Chair, Julie Schroeder, using rink folders.
- If you are joining after the annual membership drive in June of each year, please see the chart online for pro-rated membership fee amounts.
- Any questions, contact Julie Schroeder at jschroeder@doit.wisc.edu

First Skating Member of Family (if this is your primary club)

Last Name	First Name	MI	Preferred Name	Circle Membership Requested		USFS #
				Junior	Senior (Age 18 & up)	
Street Address		City		State	Zip	Eligible to Compete?
						Yes No
Work Phone	Home Phone		Fax	E-mail (please write clearly)		Cell Phone
Gender	Date of Birth	US Citizen?		Primary Skating Activity		FSC of Madison Coach Name
Male Female		Yes No	Competitive Recreational			
Highest Basic Skills Level Passed	Highest USFS Freestyle Test Passed		Highest USFS Moves in Field Test Passed		Highest USFS Dance, Pairs or Other Test Passed	Do you plan to coach?
						Yes No
Transferring from another club?		Prior Club Name		Prior Club President		Prior President Phone #
Yes No						

Subsequent Skating Member of Family (complete only if second skater in family)
Note: Write "S/A" if the information in a given box is the same as for the first skating member.

Last Name	First Name	MI	Preferred Name	Circle Membership Requested		USFS #
				Junior	Senior (Age 18 & up)	
Street Address		City		State	Zip	Eligible to Compete?
						Yes No
Work Phone	Home Phone		Fax	E-mail (please write clearly)		Cell Phone
Gender	Date of Birth	US Citizen?		Primary Skating Activity		FSC of Madison Coach Name
Male Female		Yes No	Competitive Recreational			
Highest Basic Skills Level Passed	Highest USFS Freestyle Test Passed		Highest USFS Moves in Field Test Passed		Highest USFS Dance, Pairs or Other Test Passed	Do you plan to coach?
						Yes No
Transferring from another club?		Prior Club Name		Prior Club President		Prior President Phone #
Yes No						

Parent Associate Member

(All Junior memberships require a Parent Associate membership. Only one parent or guardian must join, but more may join, if desired.)

Last Name	First Name	MI	Preferred Name	Occupation	USFS #
Street Address			City	State	Zip
Work Phone	Home Phone	Fax	E-mail <i>(please write clearly)</i>		Cell Phone
Gender	Date of Birth	US Citizen?			
Male Female		Yes No			

Subsequent Parent Associate Member (Optional – see above)

Last Name	First Name	MI	Preferred Name	Occupation	USFS #
Street Address			City	State	Zip
Work Phone	Home Phone	Fax	E-mail <i>(please write clearly)</i>		Cell Phone
Gender	Date of Birth	US Citizen?			
Male Female		Yes No			

Membership Types	Annual Dues	Enter Amount Due
Full Skating Member (Senior or Junior)	\$105.00	
Subsequent Full Skating Member	65.00 each additional skater	
	40.00 each additional skater	
Parent Associate	35.00	
Subsequent Parent Associate Member	30.00	
Note: Descriptions of membership types are outlined on our website at www.fscmadison.com .	TOTAL PAYMENT DUE	
Make checks payable to Figure Skating Club of Madison, Inc.		

Membership List Authorization of Information

Names, home and email addresses, and available phone numbers will be circulated on the membership list to all members. Please circle any information you **do not want published** on this list.

Home Address	Home Phone	Business Phone	Email address	Other:

As a Parent Associate or Senior member of the Figure Skating Club of Madison, Inc., I understand and agree to abide by the rules and guidelines of the Figure Skating Club of Madison, Inc and US Figure Skating.

Signature: _____ Date: _____



Liability Waiver

July 1, 2008 - June 30, 2009

All skaters must have a current waiver on file before they can skate on the Figure Skating Club of Madison ice.

Participant Information		
Last Name:	First Name:	
Street Address:		
City, State, Zip:		
Age:	Daytime Phone:	Evening Phone
Hold Harmless (signature required)		
<p>I, the undersigned, do hereby release and hold harmless the Figure Skating Club of Madison, Inc. nonprofit corporation, its employees, agents and all other persons acting in its behalf, including volunteers, from any and all claims, demands, and right of action whatsoever, which I ever had, which I now have or may have on account of injury or injuries both known and unknown for bodily injury, property damage, loss of services and medical expenses sustained by me or my child which may hereafter arise as a result of my participation in activities of the Figure Skating Club of Madison, Inc. I agree that I will carry insurance to cover such injuries, or will self-insure.</p>		
Adult Skater Name and Signature: or	Name:	Date:
	Signature:	
Parent or Guardian Name and Signature:	Name:	Date
	Signature:	
Medical Authorization (signature required)		
<p>I give permission for the FSC of Madison or the rink management to obtain emergency medical help if I or my child is injured or becomes ill during skating activities.</p>		
Adult Skater Signature: or		Date:
Parent or Guardian Signature:		
Medical Information		
Doctor's Name:	Phone:	
Clinic Name:	Address:	
Hospital:	City:	
Medical Insurance Co.:	Policy #:	
Emergency Contact (other than parents)	Name:	Phone:
<p>Indicate any serious allergies or conditions affecting emergency care:</p> 		



2008-2009 Volunteer Form

Skater's Name _____ Phone Number _____ Email: _____

Parent /Guardian Names #1 _____ Occupation _____

Parent /Guardian Names #2 _____ Occupation _____

Please mark with a "1" or "2" (to signify the parent associate volunteering) the appropriate box(es) where you are willing to chair or volunteer for a committee. **Job descriptions are on the club web site at www.fscmadison.com.** All members are required to sign up for at least one volunteer activity each year for the Madison Open and one for the show. The club is run completely by volunteers. Please do your part and help wherever possible. Thank you!

Standing Committees			
Volunteer Job	Chair	Co-Chair	Volunteer
Announcing			
Champs Liaison			
Club Room			
Costumes/Locker			
Exhibitions			
Fundraising			
Hotel Organizing			
Ice Management (ice buy)			
Ice Management (billing)			
Learn to Skate Liaison			
Membership			
Newsletter			
Nominating			
Photography			
Planning/ Visioning			
Pro Coordinator			
Programs			
Publicity			
Sanctions			
Skating Camp			
Social			
Testing			
Website			

Madison Open Competition			
Volunteer Job	Chair	Co-Chair	Volunteer
Accounting Room			
Awards			
Emergency/First Aid			
Flowers			
Judges Arrangements			
Judges Hospitality (Rink)			
Judges Hospitality (Hotel)			
Judges Dinner			
Judges Gifts			
Judge's Transportation			
Monitor/Runners			
Music Player			
Practice Ice			
Program Sales & Ads			
Pros/Volunteers Hospitality			
Registration Desk			
Registrar			
Set-up or Clean-up			
Vendors			
Video/Photography			
Welcome Packets			

Spring Show			
Volunteer Job	Chair	Co-Chair	Volunteer
Costumes			
Dress. Rm. Monitors			
Music Edit			
Play Music			
Post Show Party			
Program			
Props/Scenery			
Set-Up and Clean-Up			
Stage Crew/Lights			
Tickets			
Video/Photography			

Additional Skills			
Mark any of the skills, talents or connections you may have from the list below.			
	Accounting skills		Fund raising
	Art or graphic design		Legal consulting
	Audio equipment repair		Office Supplies
	Awards / Engraving		Photo or Video Skills
	Carpentry / Electrical		Sewing/costume design
	Computer skills		Stage productn/ lighting
	Cooking / catering		Typing
	Copy service/ printing		Writing
Other:			