



First Club Full Skating  
Membership Application  
July 1, 2009 - June 30, 2010

<b>For Club Use:</b>
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 and signed Liability Waiver	<input type="checkbox"/> Completed Volunteer Form <input type="checkbox"/> Payment check (no cash please.)
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- Return membership applications to the Membership Chair, Kathy Harrington, 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 Kathy Harrington at [harringtonmk@sbcglobal.net](mailto:harringtonmk@sbcglobal.net)

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

Last Name	First Name	MI	Preferred Name	Circle Membership Requested	USFS #
				Junior    Senior ( <i>Age 18 &amp; up</i> )	
Street Address		City		State	Zip
Eligible to Compete?					
Yes    No					
Work Phone	Home Phone	Fax	E-mail ( <i>please write clearly</i> )		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 ( <i>Age 18 &amp; up</i> )	
Street Address		City		State	Zip
Eligible to Compete?					
Yes    No					
Work Phone	Home Phone	Fax	E-mail ( <i>please write clearly</i> )		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)	<b>\$105.00</b>	
Subsequent Full Skating Member	<b>65.00</b> each additional skater	
	<b>40.00</b> each additional skater	
Parent Associate	<b>35.00</b>	
Subsequent Parent Associate Member	<b>30.00</b>	
<b>Note:</b> Descriptions of membership types are outlined on our website at <a href="http://www.fscmadison.com">www.fscmadison.com</a> .	<b>TOTAL PAYMENT DUE</b>	
<b>Make checks payable to Figure Skating Club of Madison, Inc.</b>		

### 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:
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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, 2009 - June 30, 2010

**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>		
<b>Adult Skater Name and Signature:</b> or	Name:	Date:
	Signature:	
<b>Parent or Guardian Name and Signature:</b>	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>		
<b>Adult Skater Signature:</b> or		Date:
<b>Parent or Guardian Signature:</b>		
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>     		



2009-2010 Volunteer Form

Skater's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Parent /Guardian #1 \_\_\_\_\_ Parent /Guardian #2 \_\_\_\_\_

The success of the Club is dependent on the commitment of our volunteers. Effective July 1, 2009 with the new membership year, each FSC of Madison family will be required to volunteer at least 10 hours per family. All members are required to volunteer to support the operation of the Club. A volunteer form must be completed and submitted with your membership. The Club is offering a buy-out of \$150.00 if you do not want to or are unable to volunteer. If after the third quarter there has been no volunteer activity, you will be reminded of the commitment. For second Club members, there is a 5 hour volunteer requirement or a \$75 buy out. If there has been little or no activity by the end of April, you will be sent a reminder of the balance of your commitment with the balance to be paid in May or before new membership renewal process. All volunteer choices are listed with the membership forms, see and make your choices early. Thank you in advance for the successful operation of YOUR CLUB!

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](http://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			
Annual Banquet			
Champs Liaison			
Club Room			
Costumes/Locker			
Exhibitions			
Fundraising			
Hotel Organizing			
Ice Management (ice buy)			
Ice Management (billing)			
Ice Monitor			
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:			