



Membership Registration

CLUB NAME: _____ CLUB # _____

INFORMATION - MUST BE COMPLETE

1st Family Member

OR

Subsequent Member

Please circle: Mr. Ms. Miss Mrs. PREVIOUS MEMBER# and/or PREVIOUS CLUB: _____

NAME: FIRST MI LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME _____ BUS. _____

E-MAIL: _____ @ _____ SEX: M or F DOB: MO DAY YR USA CITIZEN: Y or N

1. PRIMARY ACTIVITY (Choose one): Parent/Guardian Coach Competitive Skater Recreational Skater
 U.S. Figure Skating Official/Officer Club Officer/Board Member Other

2. CHECK ANY OTHERS THAT APPLY: Adult Skater Synchro Collegiate Competitive Skater Coach
 Recreational Skater Parent/Guardian U.S. Figure Skating Official/Officer Club Official/Volunteer

3. ELIGIBILITY STATUS (Choose one): Eligible Ineligible Restricted
(See eligibility rules)



Bellingham Figure Skating Club
P.O. Box 2723
Bellingham, WA 98227-2723
(360)961-8583

Home Rink: Sportsplex, 1225 Civic Field Way
Bellingham, WA

BFSC Annual Membership
July 1, 2007 – June 30, 2008

Member Information: ___current member ___new member

Name_____DOB:_____

Address_____

Parent(s) Name_____ (if skater is under 18)

Home Phone_____ Cell Phone_____

Email Address_____

Registration and waiver consent forms must be completed before skater is allowed on the ice.
*This form will be used for mailing & emailing club information as well as EMERGENCY CONTACT information so please fill out completely.

____I give my permission for BFSC to display my name or my child's name and/or pictures on the bulletin board or the club website for competition results, show events or special events to promote the club.

Signature/Date_____

Fees:

___ First Family Member	\$65.00	After July 1 st \$75.00
___ Additional Family Member	\$25.00	
___ Associate Member*	\$25.00	

*Home Club_____USFSA Number_____

Each club member needs to fill out a form

Bellingham Figure Skating Club

**Waiver and Release of Liability, Assumption of Risk and
Indemnity Agreement (“Agreement”)**

In consideration of participating in ***Bellingham Figure Skating Club*** activities, I represent that I understand the nature of figure skating activities (“activity”) and that I am qualified, in good health and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity”.

I fully understand that this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the “activity”.

I hereby release, discharge, and covenant not to sue the ***Bellingham Figure Skating Club***, United States Figure Skating, it’s directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the “activity” takes place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The ***Bellingham, Figure Skating Club*** has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the ***Bellingham Figure Skating Club*** shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed Name of Participant

Signature of Participant

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

_____ Date: _____
Printed Name of Parent/Guardian

Signature of Parent/Guardian



Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the ***Bellingham Figure Skating Club*** and the facility the activities are taking place in and their staff and to members of the ***Bellingham Figure Skating Club***, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

Name of Minor Child Member (Please print.)

Name(s) of Parent(s)/Guardian(s) (Please print)

Parent/Guardian Signature

Date

This Consent for Medical Attention shall be binding and effective for the 2007-08 membership year of _____