



## *Bellingham Figure Skating Club*

*P.O. Box 2723 Bellingham, WA 98227-2723*

*[www.bfsc.info](http://www.bfsc.info) ~ [BellinghamFSC@gmail.com](mailto:BellinghamFSC@gmail.com)*

### MEMBERSHIP PACKET

2011-2012

Welcome to the Bellingham Figure Skating Club!

Becoming a member of BFSC is a great way to share your love of skating with like-minded friends. The club hosts a variety of social and recreational events, in addition to supporting competitive skating through test sessions, classes and events. BFSC is sanctioned by the U.S. Figure Skating Association.

Some of the club's activities include:

- Annual Winter Show
- Monday Club Ice for Members only
- Specialty Classes for Members
- Spring Recital "Blades of Spring"
- Gear Swaps in Fall and Spring
- Skate-a-thon fundraiser
- Test sessions throughout the season
- Interclub competitions

BFSC's skate year runs July 1st through June 30th, the same as USFSA. Please fill out the membership forms completely, enclose your check (you may post date it for July 1) and return to a board member, the Sportsplex office or mail it to our P.O. Box above. There will be a \$10.00 additional processing fee if packet is not received by July 1.

Membership packet includes the following:

- Membership Application
- Volunteer Application
- Hold Harmless/Waiver
- Consent for Medical Treatment
- USFSA Code Of Conduct
- Directory Information

Thank you for your membership!



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**BFSC Annual Membership: July 1, 2011 – June 30, 2012**

### NEW MEMBER INTRODUCTORY RATE:

*Applicant must be completely new to USFSA and BFSC. Lapses in membership do not constitute a new member.*

Skater Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If skater is under 18, **one** parent will be listed as a member with USFSA:*

Parent name \_\_\_\_\_

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

### Membership level (see description below):\*

\_\_\_\_\_ Junior Skater & 1 Parent **\$60.00**

\_\_\_\_\_ Adult Skater (Over 18) **\$30.00**

\_\_\_\_\_ Additional Family Member **\$30.00**

**Adult Skater/Coach**—Full Membership is open to any adult over the age of 18 years of age. This membership includes full club membership as well as U.S. Figure Skating membership.

**Junior Skater**—Full Membership is open to any skater under the age of 18 and includes BFSC membership, as well as full U.S. Figure Skating membership. However, it is BFSC's policy for an adult to join with a skater under the age of 18. This parent will be a BFSC member with voting privileges, and also a member of USFSA.

**Additional Family Member**—Can be another parent, grandparent or sibling.

**Associate Member**—Open to persons who are currently members of another U.S. Figure Skating club. Associate members have skating, testing and other privileges granted by the BFSC Board but do not have voting privileges.

\*All membership is subject to eligibility. Our current policy is that we do not accept out-of-region skaters. If a skater does not live and train in the Pacific Northwest, they cannot join BFSC.

Signature/ \_\_\_\_\_ /Date / \_\_\_\_\_

***There will be an additional fee of \$10.00 if not received by July 1, 2011.***



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### VOLUNTEER FORM

Our club is responsible for many events throughout the year that require the help of many hands to be successful. This year we are asking that each family commit to 15 hours of volunteer service during the skate year. If you prefer, you may pay a \$50 volunteer fee. Please indicate where and how you can help, or whether you'd prefer to pay a fee.

Skater \_\_\_\_\_ Parent: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please check off any special skills or areas of expertise:**

Fundraising  Marketing  Technology  Public relations  Finance  Business  
 Legal  Social/Event Planning  Human resources  Management/administration  
 Certified trade ( \_\_\_\_\_ ) Other: \_\_\_\_\_

**Professional background:**

For-profit business  Nonprofit organization  Government  Other: \_\_\_\_\_

**Other affiliations:**

Is there any other information you would like us to know that would be helpful to us in matching your skills and interests with the needs of the club? \_\_\_\_\_

**Main areas of volunteerism:**

**Hospitality:** Organize meals for judges' hospitality at our test sessions, or for club members during shows and recitals.

**Administration:** Organize club events like shows, recitals, club social events, competitions, test sessions.

**Communication/Public Relations:** I can help promote our club, events and programs in the community. I can help with program layout and design for events.

**Fundraising:** I can help find potential advertisers for our competitions and shows. I can help solicit donations for sponsors. I have ideas for raising money.

I am interested in serving on the board in the future.

I am interested in serving on a committee where needed.

*I'm sorry I don't have the time to volunteer, but I am willing to pay a volunteer fee of \$50.*

Signature/ \_\_\_\_\_ /Date / \_\_\_\_\_

*Your signature constitutes a binding contract. Members must be in good standing with volunteer obligations by May 15.*

## U.S. Figure Skating Parents Code of Conduct

*Codes of Conduct give everyone a guide to what is expected of us if we are part of an organization, participating in a sport, or as spectators at our child's events.*

Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: respect, responsibility, fairness, caring, trustworthiness and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character" (Arizona Sports Summit Accord)

By signing below I hereby agree that:

1. I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
2. I will place the emotional and physical well being of my child ahead of my personal desire to win.
3. I will encourage my child to skate in a safe and healthy environment.
4. I will inform my child's coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
5. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the results of a competitive event.
6. I will never ridicule or yell at my child or other participant for making a mistake or blame my child's teammates for placement in a competition.
7. I will do my best to make skating fun and will remember that my child participates in sports for his/her own enjoyment and satisfaction, not mine.
8. I will ask my child to treat other skaters, coaches, fans and officials with respect, regardless of race, creed, color, sexual orientation or ability.
9. I will applaud a good effort in both victory and defeat emphasizing the positive accomplishments and learning from the mistakes.
10. I will teach my child to resolve conflicts without resorting to hostility or violence.
11. I will be a positive role model for my child and other skaters.
12. I will demand a figure skating environment for my child that is free of drug or alcohol abuse and agree that I will not use or provide to a third party any drug prescribed by applicable federal, state or municipal law.

# Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")

In consideration of participating in *Bellingham Figure Skating Club & Whatcom Sports Commission dba Bellingham Sportsplex* 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 & WSC dba Bellingham Sportsplex*, United States Figure Skating, its 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 & WSC dba Bellingham Sportsplex* 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 or WSC dba Bellingham Sportsplex* 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.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## 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 and loss, liability, damage, or cost that any Releasees may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

*Bellingham Figure Skating Club & Bellingham Sportsplex*

**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 & WSC dba Bellinghams Sportsplex** 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.

\_\_\_\_\_  
Printed Name of Minor Child Member

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

This Consent for Medical Attention shall be binding and effective for the 2010-2011 membership year.

**Emergency contact information:**

Emergency Contact Name: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Phone: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Name of Preferred Doctor: \_\_\_\_\_

Doctor's Phone number: \_\_\_\_\_



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## Directory Information Sheet

*Please Print*

Skater Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Skater Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ 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 Web site for competition results, show events or special events to promote the club. We also give BFSC permission to submit names to the media for events.

Signature/Date: \_\_\_\_\_