

The Strongsville Skating Club

P.O.Box 36176

Strongsville, Ohio 44136

The Strongsville Skating Club #1045 Application for membership* 2009/2010

Name _____ Birthdate _____ USFSA# _____

Address _____ City _____ Zip _____

Phone: (H) _____ (CP) _____ Email _____

Check here if you would like to receive emails with updated club information from SSC _____

Please indicate below the highest level passed in each of the following disciplines:

Freestyle _____ Moves _____ Dance _____ Pairs _____

Coach(es): _____

Are you a coach? Yes/No Are you a returning Home Club Coach? Yes/No

MEMBERSHIP (check one): New _____ Renewal _____

NOTE: Home Club Membership includes USFS dues, Subscription to Skating Magazine, Greater Cleveland Council dues, & Tri-States Council dues.

Home Club Membership \$95/year \$70/half-year*

2nd or Additional Family Member Home Club \$75/year \$50/half- year*

Home Club Collegiate \$100/year \$85/half-year**

** USFSA membership is good for 4 years returning Collegiate members will pay a reduced price to renew SSC club membership the following years.

Returning Home Club Coach \$55/year (no half-year offered)

1st Time Home Club Coach \$95/year (no half-year offered)

Associate Membership \$70/year \$40/half-year*

Home Club of Associate _____

Associate Membership Coach \$20/year (no half-year offered)

Home Club of Associate Coach _____

2009-2010 Rulebook (optional) \$30 Book CD Form \$15

SSC Car Decal (optional) \$10

Mail your completed application, liability form and check to:

Membership Chair

PO Box 361764

Strongsville, OH 44136

Skater Signature _____ Date _____

Required for all skaters under 18: Parent/Guardian Signature _____

Parent/Guardian Name _____ Work/Cell Phone _____

*This form is an application for membership only. Submission of this form to SSC (Strongsville Skating Club) does not guarantee membership with SSC. The SSC reserves the right to accept, reject, or take any other action it deems appropriate in response to receipt of this application. Half-year Memberships available after January 15 of skating season.

Emergency Contact if Parent/Guardian Cannot be Reached:

Name: _____

Phone:(____)_____ Relationship:_____

Please list any known allergies or medical Conditions that would be relevant in case of an

emergency:_____

Hospital_____ Dr.'s Name_____

Dentist:_____ Insurance Policy_____

2008-2009 Membership Fee \$_____

Rulebook* (optional) \$_____

SSC Car Decal \$_____

Total Due: \$_____ Checks payable to SSC

Office use only

Date Received_____

Check # _____

Amount _____

The Strongsville Skating Club
Liability Form
And
Consent, Release and Indemnification for use of Jump Harness

I Consent to the use of a jump harness in the teaching of me/my child's ice skating routine. I have inspected the jump harness and the related apparatus. I understand the belt will be attached to me/my child's waist in order to enable a skating instructor to lift me/my child three to five feet off the ice surface, to be pulled along and then lifted during the jump. The rope/pulley, which is part of the apparatus, is attached to a wire that stretches over the ice surface.

In consideration of my participation in any Strongsville Skating Club (SSC) program or basic skills activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including, but not limited to, permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions or in-actions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the releases named below. I fully understand that there may be other risks either not known to me or not foreseen at this time, and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in the activity.

I hereby release, discharge and covenant not to sue SSC, it's respective administrators, directors, agents, officers, volunteers, employees, and any sponsors and advertisers of any SSC event in which I participate (each considered one of the releases 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 releases. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from gross negligence or, or intentional, willful or wanton misconduct or releases against any of the releases, I will indemnify, defend, save, and hold harmless each or the releases from any loss, liability, damage, or cost which any may incur as a result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

Witnesses (two required)

1. _____ date: _____

2. _____ date: _____

Skater's Signature: _____

Parents/Guardian's signature if skater is under 18: _____

Address: _____

City: _____ Zip: _____

Phone:(____) _____ CP:(____) _____