



Glens Falls Figure Skating Club, Inc.

2009 – 2010 ICE REGISTRATION FORM

PO Box 500, Glens Falls, NY 12801 518-747-6571
 GlensFallsFigureSkating.com info@glensfallsfigureskating.com



Club # 967

SKATER INFORMATION

Please Print

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	Date:
<input type="checkbox"/> Transfer From Other Club		Club:
Last Name:		First Name:
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
US Figure Skating #:		US Figure Skating Basic Skills #:
Street Address:		
City:	State:	Zip:
Email:		
Phone:	Cell Phone:	
Parent or Guardian:		
May we include your information in a Membership Directory?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes but please leave out: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email		

MEMBERSHIP TYPE

<input type="checkbox"/> Standard Membership	\$55
<input type="checkbox"/> Basic Skills Membership	\$20
<input type="checkbox"/> Non-Skating Member	\$40
<input type="checkbox"/> Associate Member (Non Home Club)	\$40
<input type="checkbox"/> Collegiate Member (one-time fee for entire time you are enrolled in college.)	\$90
College:	Year Paid:

Skater and parent(s) hereby agree that as a member of the Glens Falls Figure Skating Club, Inc., they shall pay all dues and fees required for the current skating season and will abide by the By-Laws and Policies of the Glens Falls Figure Skating Club, Inc. and of US Figure Skating.
 Please Initial _____ (Parent to initial if skater is under 18)

PHOTO / VIDEO CONSENT

I hereby grant permission to publish photos, videos, etc. of the above named skater, taken while participating in Glens Falls Figure Skating Club events and activities. Photos may be used on the club website, by local news media, or in publicity events and publications relating to the club for the purpose of promoting and/or publicizing club events and activities. Photos are expected to be appropriate and in good taste at all times. By signing this form, I hereby agree that Glens Falls Figure Skating Club and its Board and volunteers assume no liability from the publication of these photos, videos, etc. I recognize that my/my child's photos may be taken by members of the local media (newspapers, tv, etc.) and that photos taken by such outside media entities are not directly controlled by the Glens Falls Figure Skating Club. I hold Glens Falls Figure Skating Club harmless and release any liabilities for any and all photographs, videos, etc. of the above named skater taken and/or used by the Glens Falls Figure Skating Club and its assigned representatives.

Yes, I grant permission for such images to be used.
 No, I DO NOT WANT images of the above named skater to be used.

SIGNATURE _____

PARENTAL CONSENT/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 claim 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.

PRINTED Name of Parent / Guardian (or Skater if over 18) _____

PARENT'S SIGNATURE _____

VOLUNTEER SERVICE HOURS OR FEE

All GFFSC Member families will be responsible for either a \$40 service fee OR to decline the fee and commit to a minimum of 5 volunteer hours (or more) per year to help ensure the success and growth of the Glens Falls Figure Skating Club, Inc.

Service Fee of \$40
 Volunteer Service (Minimum of 5 hours per year)

Check any/all areas where you would be willing to volunteer.

Board Member Committee Member General Volunteer

<input type="checkbox"/> Finance / Treasury <input type="checkbox"/> Legal Issues <input type="checkbox"/> Fundraising <input type="checkbox"/> Donations/Sponsors <input type="checkbox"/> Grant Writing <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Marketing/Publicity <input type="checkbox"/> Membership <input type="checkbox"/> Social Events <input type="checkbox"/> Ice Shows <input type="checkbox"/> Test Session <input type="checkbox"/> Competition <input type="checkbox"/> Ice Show <input type="checkbox"/> Mentor Programs <input type="checkbox"/> Awards <input type="checkbox"/> Club Apparel <input type="checkbox"/> Printing / Copying <input type="checkbox"/> Club Directory <input type="checkbox"/> Newsletter <input type="checkbox"/> Mailings <input type="checkbox"/> Videography <input type="checkbox"/> Photography <input type="checkbox"/> Hospitality / Food <input type="checkbox"/> Phone Calls <input type="checkbox"/> Civic Center Coordinator <input type="checkbox"/> Coordinate Event(s) With Hockey Team	<input type="checkbox"/> Sandy Hill Days Booth <input type="checkbox"/> Balloon Festival Booth <input type="checkbox"/> Distributing Posters <input type="checkbox"/> Distributing Club Flyers <input type="checkbox"/> Bon-Ton Fundraiser <input type="checkbox"/> Five Guys Fundraiser <input type="checkbox"/> Chronicle Book Fair <input type="checkbox"/> N.E. Regionals Booth in Burlington on 10/24/09 <input type="checkbox"/> Parents Educ. Seminar <input type="checkbox"/> November Parade Float <input type="checkbox"/> Nov. Parade Participant <input type="checkbox"/> Equipment Swap <input type="checkbox"/> Halloween Skate Party <input type="checkbox"/> Photography for Club Calendar <input type="checkbox"/> Ice Session Monitor <input type="checkbox"/> Raffle Baskets / Items <input type="checkbox"/> Work at Raffle Tables <input type="checkbox"/> Costumes for Show <input type="checkbox"/> Cutting Music for Show <input type="checkbox"/> Playing Music for Show <input type="checkbox"/> Backstage Help <input type="checkbox"/> Sell Tickets for Show <input type="checkbox"/> Props / Scenery <input type="checkbox"/> Sell Ads for Event Programs <input type="checkbox"/> National Skating Month Skating Clinic	<input type="checkbox"/> Movie Night <input type="checkbox"/> End of Season Party <input type="checkbox"/> LARAC Booth <input type="checkbox"/> Car Wash <input type="checkbox"/> Bake Sale <input type="checkbox"/> Halloween Skating Party <input type="checkbox"/> Skating Clinic With Elite Skaters Competition <input type="checkbox"/> Judge Coordinator <input type="checkbox"/> Schedule <input type="checkbox"/> Judges Hospitality <input type="checkbox"/> Registration <input type="checkbox"/> Practice Ice <input type="checkbox"/> Ice Monitor <input type="checkbox"/> Music <input type="checkbox"/> Announcing <input type="checkbox"/> Runners <input type="checkbox"/> Results/Accounting <input type="checkbox"/> Awards <input type="checkbox"/> Program <input type="checkbox"/> Food Donations <input type="checkbox"/> Vendors <input type="checkbox"/> Work at Club Table <input type="checkbox"/> Set Up <input type="checkbox"/> Clean Up
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**GLENS FALLS FIGURE SKATING CLUB WAIVER &
RELEASE OF LIABILITY, ASSUMPTION OF RISK &
INDEMNITY AGREEMENT**

In consideration of participating in Glens Falls 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 (We), the member(s) and/or the parent(s)/guardian(s) of member children do hereby release, discharge, and covenant not to sue the Glens Falls Figure Skating Club, Inc., 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 a result of such claim. The Glens Falls 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 Glens Falls 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.

SKATER'S NAME

PRINTED Name of Parent / Guardian (or Skater if over 18)

PARENT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

USFS Registration Processed – Date:	
Transaction Number:	
Entered in Club Database – Date:	
Membership Directory – Date:	
Email In Address Book – Date:	
Test Data Updated – Date:	

CONSENT FOR MEDICAL ATTENTION

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Glens Falls Figure Skating Club, Inc, and the facility the activities are taking place in and their staff and to members of the Glens Falls 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. This Consent for Medical Attention shall be binding and effective for the entire membership year, which commences on July 1st and ends the following June 30th.

SKATER'S NAME

PRINTED Name of Parent / Guardian (or Skater if over 18)

SIGNATURE

DATE

Skater's Physician:

Physician's Phone Number:

Skater's Allergies:

Medications Taken Regularly:

Name of Insured:

Insurance Company:

Insurance Policy Number:

Group Number:

Emergency Contact Name:

Emergency Contact Relationship:

Parent Grandparent Friend Other:

Emergency Contact Phone Number:

SKATER CODE OF CONDUCT

Skaters of all ages will be expected to demonstrate proper ice etiquette as follows:

No standing, sitting or lying on the ice. No stomping, kicking or dragging blades into the ice. No eating, drinking or use of profanity on the ice. No disrupting group or private lessons at any time except in the case of an emergency. Skaters shall recognize that music will be played on a first-come, first-served basis. Preference will be given to those skaters in a private lesson up to a *maximum of 3 times per 30 minutes*, regardless of the number of programs a skater has. Skaters should *not* move their music ahead of another's without permission.

Skaters are expected to be polite, courteous and respectful to each other and to coaches, session monitors, parents and all others in the building at all times. Skaters shall recognize that all skaters progress at different rates, and shall refrain from commenting on one another's skating skills.

Skaters who fail to demonstrate proper ice etiquette will be asked to leave the ice session at the discretion of the ice monitor.

SKATER'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

GLENS FALLS CIVIC CENTER
ASSUMPTION OF RISK AND RELEASE

BY MY PARTICIPATION IN THE ON-ICE ACTIVITIES BEING HELD ON THE DATE SET FORTH BELOW AT THE GLENS FALLS CIVIC CENTER IN GLENS FALLS, NY, I VOLUNTARILY AND KNOWINGLY ASSUME ALL RISK OF PERSONAL INJURY AND ALL OTHER HAZARDS FROM OR RELATED TO SUCH PARTICIPATION, WHETHER OCCURRING PRIOR TO, DURING, OR AFTER SUCH ACTIVITY, AND HEREBY FOREVER RELEASE AND DISCHARGE GLOBAL SPECTRUM, LP, THE CITY OF GLENS FALLS, THE GLENS FALLS CIVIC CENTER, AND EACH OF THEIR RESPECTIVE AFFILIATES, OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, OFFICIALS AND AGENTS OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND OR NATURE, EITHER IN LAW OR AT EQUITY, WHATSOEVER RELATING IN ANY WAY TO MY PARTICIPATION IN SUCH ACTIVITIES, INCLUDING BUT NOT LIMITED TO CLAIMS FOR BODILY INJURY OR DEATH OF PERSONS AND LOSS OR DAMAGE TO PROPERTY, WHETHER OR NOT CAUSED BY NEGLIGENCE.

I FURTHER RELEASE ALL OFFICIALS AND PERSONNEL FROM ANY AND ALL CLAIMS WHATSOEVER ON ACCOUNT OF FIRST AID, TREATMENT OR SERVICE RENDERED ME BEFORE, DURING OR AFTER MY PARTICIPATION IN SUCH ACTIVITIES.

I FURTHER STATE THAT I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AND KNOW THE CONTENTS HEREOF AND SIGN THIS ASSUMPTION OF RISK AND RELEASE AS MY OWN FREE ACT.

SIGNATURE*: _____

PRINT NAME: _____

ADDRESS: _____

DATE OF SIGNATURE: _____

DATE OF ACTIVITY: September 2009 – Spring 2010

*** If participant is a minor (under the age of 18), its parent or guardian must also sign below:**

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR WHO HAS SIGNED THE ABOVE ASSUMPTION OF RISK AND RELEASE, AND I HEREBY AGREE THAT WE SHALL BOTH BE BOUND THEREBY.

SIGNATURE: _____

PRINT NAME: _____