



**CENTRAL FLORIDA FIGURE SKATING CLUB**  
 ("CFFSC" / Member Club #1218 of USFS)  
 2010-2011 Membership Application



Complete and sign all 4 forms (Application, Agreement, Consent & Volunteer Info) and return with payment via mail to the standing CFFSC Membership Chair: Cindy Arkeilpane, 1218 Pine Harbor Point Cir, Orlando, FL 32806. Or, you may leave forms and payment in an envelope marked "CFFSC Membership Chair" at the RDV Sportsplex Ice Den front desk. If there are multiple club members within a family, separate forms must be completed for *each* member. Thank you, and welcome to the Club!

**Membership Type** (select one):    NEW     RENEWAL     TRANSFER

Skater Name		
USFS Number (n/a if new)		
Address		
City, State, Zip		
Phone	Home:	Cell:
Email		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		
US Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coach		
<b>If under 18, please provide the following:</b>		
Parent/Guardian Name		
Parent/Guardian Contact	Best Phone #:	Email:
Parent/Guardian Misc.	USFS #:	Date of Birth:

**Membership Notes:**

Membership is based on the club year July 1, 2010 to June 30, 2011. • All memberships are subject to the CFFSC Governing Board approval. • All members must pay their entire membership fee prior to submitting applications for competitions or testing. • There is no pro-rating of membership fees regardless of date membership is entered, so join early and enjoy the full year! • There will be a \$35 charge for returned checks.

**Volunteer Requirements:**

Please understand that our Club cannot function without the support of our members, therefor *all member families are required to volunteer 10 hours per membership year*. Volunteer hours can be served in full during the Florida Open, at local test sessions and/or other Club sponsored events. Occasionally food donations are needed; in these cases a food donation can constitute 1 volunteer hour (not to exceed 4 food donations for 4 hours). Volunteer hours will be tracked by the Club. If the requirement is not met, the Member is subject to a "poor standing" status and certain privileges may be denied and/or membership is subject to non-renewal. We are confident that in addition to supporting your skater's passion, you will enjoy building relationships through these activities! Together we can continue to build and grow as a Club. **Please initial here if you have read and understand these terms:** \_\_\_\_\_

Please indicate your *Central FL Figure Skating Club* Membership selection(s) below.

Membership Option	Fee	Description
<input type="checkbox"/> Full Membership - RENEWAL	<input type="checkbox"/> \$120**	USFS Membership, subscription to Skating Magazine, full test and USFS competition privileges, entitled to participate in all Club activities & 1 free adult membership with skaters under age of 18! (One per family; see 1st Subsequent Membership below.)
<input type="checkbox"/> Full Membership - INTRODUCTORY	<input type="checkbox"/> \$100	All Full Membership benefits above, offered at a discounted rate for <i>first-time</i> members.
<input type="checkbox"/> Subsequent Membership - SKATER	<input type="checkbox"/> \$60	Full Membership benefits for <i>additional</i> skater in the same family as the first Full Membership.
<input type="checkbox"/> 1st Subsequent Membership - NON SKATER	<input type="checkbox"/> No Charge	For <b>parent/guardian</b> of a Full Member skater <i>under age 18</i> . USFS membership. Entitled to participate in CFFSC General Meetings. (1 per family.)
<input type="checkbox"/> 2nd Subsequent Membership - NON SKATER	<input type="checkbox"/> \$20	Must accompany a Full Membership skater. USFS membership. Entitled to participate in CFFSC General Meetings. (No limit per family.)
<input type="checkbox"/> College Student Membership	<input type="checkbox"/> \$120 (for 4 yrs.)	Full Membership benefits, lasting for <i>four years</i> as long as member remains in college. Annual proof of college enrollment required (i.e.: schedule).
<input type="checkbox"/> Associate Membership	<input type="checkbox"/> \$80	For members of another USFS skating club who wishes to receive full testing privileges with CFFSC.
<input type="checkbox"/> Coaching Membership	<input type="checkbox"/> \$50	For RDV skating coaches only; includes testing privileges.
<b>TOTAL MEMBERSHIP FEES:</b>		

**\*\* CFFSC Board Discount:** If Full Membership Skater or the parent/guardian of a Full Membership Skater is an elected member of the CFFSC Governing Board, a \$45 discount will be applied towards the Full Membership fee.

**Check items you would like to order:**

\_\_\_ USFS Rulebook, Directory and Test Booklet: \$20.00

\_\_\_ Binder for Rulebook: \$10.00

\_\_\_ USFS Rulebook on CD: \$10.00

**Total for additional items: \$** \_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_ (make checks payable to: Central FL Figure Skating Club)

Applicant hereby agrees that in consideration of acceptance of the Membership Application, applicant shall pay all dues and fees required by the Central FL Figure Skating Club for the current skating season and hereby agrees to abide by the By-Laws of the Central FL Figure Skating Clubs (available on CFFSC website) and the United States Figure Skating Association (USFS), particularly for competition and/or testing requests and approval for publicity.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent signature required if applicant under age of 18)

For CFFSC use only:

Date Rec'd:

Check #:

Check \$:

Rec'd By:



**CENTRAL FLORIDA FIGURE SKATING CLUB  
Agreement and Consent**

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

I (the said Member) or the Member’s Parent/Guardian (if Member under age 18) understand the nature of Figure Skating and Figure Skating Club activities and the Member’s experience and capabilities, and believe the Member to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and agree to indemnify and hold harmless the Central Florida Figure Skating Club, United States Figure Skating, of both 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 the Member’s account caused or alleged to have been caused in part or in whole by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, the Member or anyone on the the Member’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 expense, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, and 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 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 Member Name:** \_\_\_\_\_

**Printed Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Member, or Parent/Guard. if Member under age 18)*

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**Consent for Medical Attention or Treatment (“Consent”):**

I certify that I, the Member, or I, the Parent/Guardian of said Minor Member, give my consent to the Central Florida Figure Skating Club (CFFSC) and the facility the activities are taking place in and their staff and the members of the CFFSC, 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 their activities.

**Printed Member Name:** \_\_\_\_\_

**Printed Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Member, or Parent/Guard. if Member under age 18)*

The above Agreement and Consent shall be binding and effective for the 2010-2011 membership year of the CFFSC.



## Prospective Club Volunteer Information Sheet

(for Members over age 18)

**With the CFFSC Members' volunteer requirements in mind (refer to application), please take a few minutes to provide some additional information. Thank you!**

Member Name: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Please check off special skills, hobbies or areas of expertise:**

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising                   | <input type="checkbox"/> Marketing              |
| <input type="checkbox"/> Technology                    | <input type="checkbox"/> Public Relations       |
| <input type="checkbox"/> Finance                       | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Accounting                    | <input type="checkbox"/> Event/Project Planning |
| <input type="checkbox"/> Catering                      | <input type="checkbox"/> Construction           |
| <input type="checkbox"/> Graphic Arts                  | <input type="checkbox"/> Web Design             |
| <input type="checkbox"/> The Arts (speciality?): _____ |   |
| <input type="checkbox"/> Other Trade: _____            |   |

**Please list one or two areas in which you are willing to commit volunteer service in support of the CFFSC, it's management and it's activities:**

1.

2.

3.

**Please tell us a little about your and/or your family's involvement and experience in figure skating:**

**Other affiliations/clubs:**

**Other information you'd like us to know to help match your skills and interests with the volunteer opportunities and needs of the Club:**