

Burnsville Minnesota Valley Figure Skating Club
Junior Club Membership
July 1, 2009 – June 30, 2010

Applicant information Membership Choice

Skater's Name _____

Skater's Address _____

City _____ Zip _____

Home Phone _____

Parent's Name _____

Mother's Work Phone _____

Emergency Contact

Father's Work Phone _____

Name _____

Jr. Club: \$50.00 _____

USFSA # _____

Phone _____

Birth Date _____ Grade _____

Doctor's Name _____

School District _____

Doctor's Phone _____

Pro's Name(s) _____

Hospital _____

e-mail _____

By signing below, I understand that if this application is accepted, membership is contingent upon approval of the board of directors and the recommendation of the club professionals and that I am obligated to the terms and conditions of the Policy Manual, including but not limited to, the requirements of a contracted and non-contracted member.

In addition, I fully understand that skating involves risk of serious bodily injury and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of the Releasees named below; and 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 responsibilities for losses, costs and damages I incur as a result of my participation in the activity.

I have read and understand the parent/skater I have read and understand the skater expectations. expectations.

Signature of Parent or Guardian if Skater is
under 18 years of age.

Signature of Skater

Mail this application
and membership check to:

BMVFSC
c/o Betsy Schneck
3120 Sunset Lake Court
Burnsville, MN 55337

For Office Use Only

Date Received _____

Check number _____

Amount Received _____