

Burnsville Minnesota Valley Figure Skating Club
Junior Club Membership
July 1, 2011 – June 30, 2012

Skater Information	Membership Choice	
Skater's Name _____ Skater's Address _____ City _____ Zip _____ Home Phone _____ Parent's Names _____ Mother's Work Phone _____ Father's Work Phone _____ Parents E-Mail _____ _____ USFSA # _____ Birth Date _____ Grade (2011-12) _____ School (2011-12) _____ School District _____ Pro's Name(s) _____ _____ Local Newspaper _____	Junior Club: \$60.00 _____ _____ <hr/> <th align="center">Emergency Contact</th>	Emergency Contact
	Name _____ Phone _____ _____ Doctor's Name _____ _____ Doctor's Phone _____ Hospital _____	

❖ To receive **all** BMVFSC correspondence, please go to the club website: www.bmvfsc.org and register your e-mail for the distribution list.

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 expectations.

I have read and understand the skater 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 - Membership
 c/o Libby Hagen
 13810 Elkhart Road
 Apple Valley, MN 55124

For Office Use Only

Date Received _____

Check number _____

Amount Received _____