

Burnsville Minnesota Valley Figure Skating Club
Junior Club Transfer to Senior Club
July 1, 2011 – June 30, 2012

Skater Information:	Membership Choices:
Skater's Name: _____ _____ Skater's Address: _____ City: _____ Zip _____ _____ Home Phone: _____ Parents' Names _____ Mother's Work Phone _____ _____ Father's Work Phone _____ Parents Email Address: _____ _____ USFSA # _____ Birth Date _____ Grade (2010-11) _____ School (2010-11) _____ School District _____ Pro's Name(s) _____ Local Newspaper _____	Introductory Memberships: Contracted - \$70: _____ 2 nd Family Skater - \$35: _____

Does the applicant currently belong to any other figure skating club, **including any Associate memberships?**

Yes ___ No ___ If yes, name of club _____

Has the applicant passed Crystal Freestyle 1 (Turquoise – Learn to Skate?) Yes _____ No _____

Signature of two Home Club Professionals:

X _____ X _____

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 Releaseses 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

Membership form & check(s) must be mailed to:	For Office Use Only
BMVFSC - Membership c/o Libby Hagen 13810 Elkhart Road Apple Valley, MN 55124	Date Received _____ Check number _____ Amount Received _____