

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

| Skater Information: | Membership Choices: |
|--|--|
| Skater's Name: _____ | Contracted - \$125.00: _____ |
| Skater's Address: _____ | 2 nd Family Skater - \$67.50: _____ |
| City: _____ Zip _____ | Introductory Memberships: |
| Home Phone: _____ | Contracted - \$70: _____ |
| Parents' Names _____ | 2 nd Family Skater - \$35: _____ |
| Mother's Work Phone _____ | Non-Contracted - \$165.00 _____ |
| Father's Work Phone _____ | 4 Year Collegiate - \$150.00 _____ |
| Parents Email Address: _____ | <i>(Attach college acceptance letter)</i> |
| USFSA # _____ | |
| Birth Date _____ Grade (2011-12) _____ | |
| School (2011-12) _____ | |
| School District _____ | |
| Pro's Name(s) _____ | |
| Local Newspaper _____ | |

Does the applicant currently belong to any other figure skating club, **including any Associate memberships**?
 Yes ___ No ___ If yes, name of club _____

Highest Test Passed (if any): Freestyle _____ Field Moves _____ Pairs _____ Dance _____

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. Membership may require fundraising fees and volunteer hours.

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

Renewal membership form, check and Code Of Conduct form must be mailed to:
 BMVFSC - Membership
 c/o Libby Hagen
 13810 Elkhart Road
 Apple Valley, MN 55124

| For Office Use Only |
|-----------------------|
| Date Received _____ |
| Check number _____ |
| Amount Received _____ |