

Burnsville Minnesota Valley Figure Skating Club

Home Club Membership

July 1, 2008 – June 30, 2009

Skater Information:	Membership Choice
Skater's Name: _____	Contracted - \$110.00: _____
Skater's Address: _____	Non-Contracted: \$150.00 _____
City: _____ Zip _____	2 nd Family Skater \$55.00 _____
Home Phone: _____	Collegiate: _____
Parents' Names _____	(Attach college acceptance letter)
Mother's Work Phone _____	*****
Father's Work Phone _____	EMERGENCY CONTACT
Parents Email Address: _____	*****
USFSA # _____	Name: _____
Birth Date _____ Grade _____	Phone _____
School District _____	Doctor's Name & Phone # _____
Pro's Name(s) _____	Hospital _____
_____	_____

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 c/o Deb Burrell, Membership Chair 501 E. Burnsville Pkwy., #323 Burnsville, MN 55337

For Office Use Only
Date Received
Check number
Amount Received