

Thoroughbred Figure Skating Club Membership Application

(Please fill out one form per person.)

Please mail completed forms with checks to:

Thoroughbred Figure Skating Club
 PO Box 55646
 Lexington, KY 40555-5646

July 1, 2010 - June 30, 2011

Please Circle: Mr. Ms. Miss Mrs.

Male / Female

Type of Application

Adult (Over 18) -- \$75

Youth (Under 18) and Adult -- \$150

Family (3 members) -- \$170

Junior Activity Membership -- \$50

Beginner Activity Membership -- \$25

Name: **FIRST:** _____ **MI:** _____ **LAST:** _____

Mailing Address: _____

Phone: _____ Home Work Cell

E-mail Address: _____

Date of Birth: _____ USA Citizen? Y or N

PRIMARY ACTIVITY (Check One)	OTHER ACTIVITIES (Check All That Apply)
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Coach <input type="checkbox"/> Competitive Skater <input type="checkbox"/> Recreational Skater <input type="checkbox"/> U.S. Figure Skating Official/Officer <input type="checkbox"/> Club Officer/Board Member <input type="checkbox"/> Other	<input type="checkbox"/> Adult Skater <input type="checkbox"/> Synchro <input type="checkbox"/> Collegiate <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Coach <input type="checkbox"/> Competitive Skater <input type="checkbox"/> Recreational Skater <input type="checkbox"/> U.S. Figure Skating Official/Officer <input type="checkbox"/> Club Official/Volunteer

I am aware that ice skating poses dangers and risks of injury and that I am solely responsible for assessing whether the conditions of the arena and ice surface are safe or suitable to my experience, skills, and abilities. In consideration for my participation in Thoroughbred Figure Skating Club, Inc ("TFSC"), I hereby release TFSC and its officers, directors, members, and contractors ("Released Parties") from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any TFSC activities and programs whether or not caused by the negligence or other fault of the Released Parties. In the event I am incapacitated while participating in these activities or programs, I hereby give TFSC permission to seek necessary medical assistance for me. I agree that my provision to TFSC of emergency contact phone numbers for persons to contact on my behalf in the event of an emergency is voluntary and is merely for my convenience. I further agree that TFSC attempt to gather such information in no way obligates TFSC to keep my emergency contact information up-to-date, nor imposes liability on TFSC related to any act or omission to use emergency contact information in the event of an emergency of any kind. I agree that the responsibility to assure my or my child's safety remains with me at all times.

 Signature

 Date

For Member or Applicant under Age 18:

 Print Name of Parent or Legal Guardian

 Signature of Parent or Legal Guardian

 Emergency Contact Name

 Emergency Contact Phone Number