



2022-2023

Casper Figure Skating Club Membership Application

Adult Skater or Parent/Guardian Information					
Adult Skater or Primary Parent/Guardian Name:					USFSA #:
Street Address City, Zip code:					
Cell Phone:	Birthdate:		Email:		
Emergency Contact: Phone #:			Relationship:		
Skater Information:					
Name:	DOB:	Age:	Are you a U.S citizen (Y/N)	Ethnicity	USFSA#
1.					
2.					
3.					
4.					

All dues (CFSC and USFSA) must be paid before skater will be allowed to participate in CFSC activities. Per CFSC bylaws, an adult Full Membership in USFSA is required for each full membership of a minor skater.

Additional Member Information (i.e additional parent, grandparent, etc.):			
Name:	DOB	USFSA #	non voting / voting
1.			non voting voting
2.			non voting voting
3.			non voting voting
4.			non voting voting

Membership Definitions

Learn-to-Skate Membership \$20: Required for anyone participating in the Learn-to-Skate Program with **no plans to test** with USFSA. **Must be paid in full in November.**

USFSA Introductory Fee \$30: Required for **first-time full memberships** with USFSA. Must be **paid in full in** November.

USFSA Full Membership \$70: Required for **first family member** and **anyone testing through USFSA levels** (not Learn-to-Skate). Annual membership includes USFSA membership, SKATING magazine, accident insurance, senior voting rights in the club, scholarship fund for competitions/testing. Must be **paid in full in** November.

USFSA Subsequent (Additional) Family Member Fee \$25: **Required for each additional family member.** Must be paid in full in November. This is a **non-voting** member.

CFSC Dues: 2022/2023 annual required dues for each member. Includes ice time, coaching, annual show. **\$350**, and **\$125 fundraising** requirement, **3.0 hour volunteer** requirement (You can opt-out of volunteer hours for \$300/ per family)

Fees Owed

Skater is:	Yes	Number	Total Fee (Number x Fee)
Learn to Skate Fee			\$20.00
USFSA Intro Fee (First time USFSA Skater)			\$30.00
USFSA Full Membership (Skater in USFSA levels)			\$70.00
USFSA Additional Non-Voting Member			\$45.00
CFSC Membership			\$350.00
All USFSA fees, Club Dues and Fundraising must be paid no later than 11/20/22 or the skater will not be allowed on the ice.		Total Fee: Due 11/20/2022	

I agree to pay CFSC according to the above payment schedule: _____
Signature Date

Paid: \$ _____ Method (ck#, Cash, Inv, CC) _____ Date: _____ Int; _____

NO REFUNDS (EXCEPT MEDICAL OR RELOCATION) WILL BE APPROVED

2022-2023 CASPER FIGURE SKATING CLUB FUNDRAISING

In addition to the above dues, each skater is required to raise a minimum \$125 for CFSC through club fundraisers. For families with multiple skaters, the fundraising requirement is capped at \$250 per family. There will be various fundraising opportunities throughout the year.

Any unmet fundraising requirement will be added to the dues.

2022-2023 CASPER FIGURE SKATING CLUB REQUIRED VOLUNTEERING

CFSC would not be possible without the amazing support of the parents and family members of each skater. We rely on your three (3.0) required volunteer hours in order to complete the season. Examples of opportunities to fulfill your three required volunteer hours are:

Assisting with fundraising organization
Helping set up, break down decorations for the show performances

We will have sign-up sheets and will be tracking volunteer hours.

Volunteering requirements will be considered as part of a member's good standing in the club. Members not in "good standing" will not be able to participate in CFSC and USFSA activities.

You can opt-out of volunteer hours for \$300/per family.

It takes a village for these events to be successful; we thank you in advance for your time and support.

Description of Agreement

Initial

_____ I understand my financial obligations and agree to pay dues to CFSC and USFSA (via CFSC) NLT due dates as indicated

_____ I understand and agree to my fundraising responsibility

_____ I understand and agree to my volunteering responsibility

_____ I, give my consent as the parent/guardian of my participant for Casper Figure Skating Club to obtain medical care in the event of an emergency including but not limited to transportation, hospital, doctor expenses, etc. This Consent for Medical Attention or Treatment shall be binding and effective for the current membership year of CFSC.

_____ I, understand that by signing and agreeing to the skaters and parents codes of conduct, that upon violation of such code of conduct, my membership with CFSC may be revoked at any time per stipulations set forth in the club bylaws.

_____ I, understand and agree to the "Media Release"

_____ I, have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

_____ I, the parent and/or legal guardian of the minor(s), understand the nature of the above referenced "activity" and the minor's experience and capabilities and believe the minor(s) to be qualified to participate in such "activity." I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the "Releasees" from all liability, claims, demands, losses, or damages on the minor's account caused by or alleged to have been caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor(s), or anyone on the minor's behalf makes a claim against any of the above "Releases," I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the "Releasees" from any litigation expenses, attorney fees, loss liability, damage, or cost and "Releases" may incur as the result of any such claim.

By Initialing the statements above I agree to all stipulations and requirements in this document.

Parent/Guardian: _____ Date: _____

Skater: _____ Date: _____

Skater: _____ Date: _____

Skater: _____ Date: _____

Skater: _____ Date: _____

MEDICAL RELEASE

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Casper Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Casper Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital, or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. This Consent for Medical Attention or Treatment shall be binding and effective for the current membership year of the Casper Figure Skating Club.

Parent or Guardian Signature _____

Date _____

MEDIA RELEASE

Members of CFSC may be photographed or videotaped for marketing or promotional purposes. In order for you or your child to be included in these activities we will need written permission. Please read and sign below.

I, the undersigned, do hereby grant to Casper Figure Skating Club the right to use my/my child's name and likeness in photographs and/or video of myself/him/her in my/his/her association with Casper Figure Skating Club in all media for use in Club business such as website, brochures, posters, local media coverage, and other such purposes. Such purposes, however, shall not include any commercial endeavors. I understand that release and consent given herein, is made without compensation and no compensation is required or anticipated.

Parent or Guardian Signature _____

Date _____