



June 1, 2009

**2009-10 Board of Directors**

**Officers:**

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Competition Chair*

**Tara DiRisio**

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Basic Skills Co-Chair*

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Session Supervisor Chair*

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**Dawn Hopsicker**

*Synchronized Skating Chair*

**Paulette Morgan**

*Membership Chair  
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**Debbie Sgroi**

*Special Events  
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**Janet Sotola**

*Basic Skills Co-Chair  
Newsletter Editor*

Dear Skaters and Families,

Once again it is time for everyone's Albany Figure Skating Club (FSC) and United States Figure Skating (USFS) membership renewal. **All memberships expire June 30, 2009 so it is important to renew during the month of June to ensure uninterrupted USFS membership.**

Your Albany FSC membership fee entitles you to the following member benefits:

USFS membership, including:

- Subscription to SKATING Magazine
- Individual USFS membership card
- Coverage under USFS's sports accident insurance policy

The opportunity to represent Albany FSC at USFS sanctioned events including:

- USFS Competitions
- USFS qualifying events
- Regional, sectional & national events

Testing at USFS test sessions

The opportunity to represent Albany FSC at Ice Skating Institute (ISI) sanctioned competitions \*

The chance to purchase club freestyle ice & clinics at reduced "early bird" members-only rates

The club e-newsletter: "Ink from the Rink"

Reduced group rates on certain special events

The Albany FSC is very proud of the many programs and skating opportunities it offers to skaters throughout the year. Your annual membership helps support these Club activities and programs:

USFS Basic Skills/Learn to Skate program

Synchronized Skating program

Summer freestyle skating clinic

USFS test sessions

Annual USFS Competition

Freestyle Ice at various local rinks

This year, we are pleased to offer a special collegiate membership category for skaters attending colleges or universities. This four-year membership is only \$70, and entitles you to remain a member of Albany FSC while skating at a collegiate level. We appreciate your membership in the Albany FSC and hope that you will choose to join us for an exciting 2009-2010 skating season.

Thank you, *Paulette Morgan*

Paulette Morgan AFSC Membership Chair

\* Skaters who wish to skate for AFSC in an ISI competition must apply separately for an individual ISI membership. For individual ISI memberships go to the ISI website: [www.skateisi.com](http://www.skateisi.com).



**Albany Figure Skating Club Membership Application July 1, 2009-June 30, 2010**

Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Email address: \_\_\_\_\_

*(Primary means of Club communication)*

**Skater Type:** *(Check all that apply)*

- Competitive  Recreational  Adult  Synchro  Collegiate  Board Member  Coach

**AFSC Directory:**

*I  give permission  do not give permission to be listed in the Albany Figure Skating Club directory (paper copy only). I understand that this directory will be available only to club members or coaches in good standing with the Albany FSC.*

❖ Please check  if you **DO NOT WISH** your child's name to be listed on the Internet.

**Current USFS #:** \_\_\_\_\_ *Desired 2009-10 Home Club:* AFSC  Other  \_\_\_\_\_

**Current ISI #:** \_\_\_\_\_ *Desired 2009-10 Home Club:* AFSC  Other  \_\_\_\_\_

**Skating Level:**

Highest USFS tests passed: Freestyle \_\_\_\_\_ Moves \_\_\_\_\_ Figure \_\_\_\_\_ Dance \_\_\_\_\_ Pairs \_\_\_\_\_

Present ISI level: Pre-Alpha through Delta: \_\_\_\_\_ Freestyle 1-10: \_\_\_\_\_

**Coach(es):** \_\_\_\_\_

<b>Individual Membership Fee:</b>	<b>\$70.00</b>	_____
<b>Additional Family Member(s) Fee:</b>	<b>\$30.00 X # of subsequent family member(s) =</b>	_____
<b>Collegiate (4 year fee):</b>	<b>\$70.00</b>	_____
<b>Skating Professional:</b>	<b>\$40.00</b>	_____
<b>ISI Club Membership only:</b>	<b>\$25.00 (does not include USFS or ISI membership)</b>	_____
<b>Board Member:</b>	<b>Complimentary</b>	_____
	<b>TOTAL:</b>	_____

**Please make sure this form and the medical waiver are filled out completely** and send with payment (check made out to Albany FSC) to:

**Paulette Morgan  
 AFSC Membership Chair  
 145 Hasgate Dr.  
 Delmar, NY 12054**

Questions? Contact Paulette Morgan at [pmorgan3@nycap.rr.com](mailto:pmorgan3@nycap.rr.com) or 475-9419

**ALBANY FIGURE SKATING CLUB  
WAIVER OF LIABILITY & EMERGENCY TREATMENT RELEASE**

**WAIVER OF LIABILITY:**

In consideration of your permitting \_\_\_\_\_ to participate in the Albany Figure Skating Club for any purpose whatsoever I hereby covenant and agree with the Albany Figure Skating Club, the Albany County Hockey Facility, the Albany Academy Ice Rink, any other Local Area Skating Facility or the YMCA, the owners, officers, agents, employees, and all persons engaged as instructors or administrators in any programs in which I/he/she may be a participant, to indemnify and hold harmless each and every one of them from and against all claims, liability, loss cost, damages, and expenses which may arise out of or in connection with the use by me/him/her of such facilities. Including without limitations, all claims I/he/she might have for personal injury or property damage to him/her or so arising. I understand that skating is a participation sport and I am fully aware of the risks and hazards in or arising from my use or presence upon the facilities. I understand that I must carry my own personal medical insurance. I also give consent to receive first aid and emergency transport to the nearest medical facility.

**EMERGENCY TREATMENT RELEASE:**

I, \_\_\_\_\_ hereby authorize any physician and/or member of the Medical Staff of any hospital or emergency treatment center to render medical treatments which, in his/her judgment may be deemed necessary in the care of:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Emergency Contact Information:**

	#1	#2
Parent/Guardian Names:	_____	_____
Permanent Address:	_____	_____
	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____

**Medical Information:**

Medical History: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

MD Phone Number: \_\_\_\_\_

Hospital of Preference: \_\_\_\_\_

**Before signing please read completely & make sure form is filled out completely. Return form along with membership application.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_