



**2010-11 Board of Directors**

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*Basic Skills/Newsletter*

Dear Skaters and Families,

I am writing to remind you that it's time for your annual Albany Figure Skating Club (FSC) and United States Figure Skating (USFS) membership renewal. **All memberships expire June 30, 2010 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 Introductory membership for skaters who have never been members of USFS before. This one-year reduced-price membership is designed to welcome and encourage skaters that are new to the sport. We also offer a four-year collegiate membership for our college-bound seniors.

We appreciate your membership in the Albany FSC and hope that you will choose to join us for an exciting 2010-2011 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).

*Thank you for your support!!!*



**Albany Figure Skating Club**  
**Membership Application**  
**July 1, 2010-June 30, 2011**



Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Parent(s)/Guardian(s): \_\_\_\_\_ 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 my permission OR  
 I  do not give my permission

to be listed in the Albany Figure Skating Club directory (paper copy only). I understand that this directory will be available only to Albany FSC members in good standing.

**Volunteer Commitment:** The Albany FSC relies on parent and skater volunteers to assist with Club events. Please check off one or more volunteer interest areas:  Winter/Spring Show  Fundraising  Publicity  
 Competition  SkateFest  Basic Skills/Learn-to-Skate  Test Session

**Current USFS #:** \_\_\_\_\_ *Desired 2010-11 Home Club:* AFSC  Other  \_\_\_\_\_

**Skating Level – Highest USFS test level(s) passed:**

Free Skate \_\_\_\_\_ Moves \_\_\_\_\_ Dance \_\_\_\_\_

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

Please supply your coach(es) e-mail address(es) if he/she would like to receive information about Albany FSC events: \_\_\_\_\_

		<u>\$ Amount</u>
<b>Individual Membership</b>	<b>\$70.00</b>	_____
<b>Additional Family Member(s)</b>	<b>\$30.00 each add'l member</b>	_____
<b>Introductory Membership*</b>	<b>\$40.00</b>	_____
<b>Additional Introductory Family Member(s)*</b>	<b>\$20.00 each add'l member</b>	_____
<b>Collegiate (4 year membership)</b>	<b>\$70.00</b>	_____
<b>Skating Professional or USFS Judge</b>	<b>\$40.00</b>	_____
ISI Club Membership only (does not include USFS or ISI membership)	\$25.00	_____
<b>Board Member:</b>	<i>Complimentary</i>	_____
	<b>TOTAL:</b>	_____

*\*to be eligible for a one-time Introductory Membership, a skater must never previously have been a USFS member*

**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**

*Thank you for your support!!!*

Questions? Contact Paulette Morgan at [pmorgan3@nycap.rr.com](mailto:pmorgan3@nycap.rr.com) or (518) 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:** \_\_\_\_\_

*Thank you for your support!!!*