



Welcome to the Albany Figure Skating Club!

Your 2011-12 Albany FSC membership entitles you to the following member benefits:

United States Figure Skating (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

Etch the Edge group skills program

Synchronized Skating program

USFS test sessions

Annual USFS Competition

Freestyle ice at various local rinks

Annual Banquet and Awards

Skates for Sale listing

For more information on all of our Club events and activities, please visit the Albany FSC website, www.albanyfsc.org.

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. In addition, individuals who are members of other USFS clubs may take advantage of our Club's programs and activities by becoming an Associate Member.

If you have any questions or need more information about Club membership, please contact Paulette Morgan, AFSC Membership Chair, at pmorgan3@nycap.rr.com or (518) 475-9419.

*** 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.**



**Albany Figure Skating Club
Membership Application
July 1, 2011 - June 30, 2012**



Name: _____ Male/Female _____ Date of Birth: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Parent(s)/Guardian(s): _____ Email: _____

(Primary means of Club communication)

Skater Type: *(Check all that apply)*

- Competitive Recreational Adult Synchro Collegiate Board Member Coach Judge

AFSC Directory:

I give my permission OR
 I do not give my permission
 to be listed in the Albany Figure Skating Club directory.
 I understand that this directory will be available only to Albany FSC members in good standing.

Volunteer Commitment:

Parents are expected to volunteer to help with Club events. Please check off one or more volunteer interest areas: Winter/Spring Show Fundraising Publicity Competition
 SkateFest Learn-to-Skate Test Session

Current USFS #: _____

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

Free Skate _____ Moves _____ Dance _____

Coach(es): _____

		<u>\$ Amount</u>
AFSC Individual Membership	\$70.00	_____
Additional AFSC Family Member(s)	\$30.00 each add'l member	_____
AFSC Introductory Membership*	\$40.00	_____
Additional AFSC Intro. Family Member(s)*	\$20.00 each add'l member	_____
AFSC Collegiate (4 year membership)	\$70.00	_____
AFSC Skating Professional or USFS Judge	\$50.00	_____
AFSC Board Member	Complimentary	_____
Associate Membership – Other Home Club#	\$25.00	_____
Home Club: _____		

TOTAL: _____

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

does not include USFS membership through the Albany FSC

Please fill out this form and the attached medical waiver 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 or (518) 475-9419.

By signing this membership application, I agree to abide by the Constitution, By Laws, and Rules of the Albany Figure Skating Club. I fully understand that skating involves risks of serious bodily injury that may be caused by my own action or inaction, and I fully accept and assume all such risk and all responsibility for losses, costs, and damages I incur as a result of my participation in activities sponsored by the AFSC.

X _____ Date: _____
 Signature of Parent/Guardian (if participant is under age of 18). Signature required for membership to be valid

**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:** _____