

North Jersey Figure Skating Club – BASIC SKILLS MEMBERSHIP APPLICATION (LIMITED BENEFITS)

Membership year runs 7/1/10 thru 6/30/11 (This is a change in dates from last year)

Please complete all fields carefully and legibly. One Application Per Member Please.

Skater Name: (last):	(first):	Miss, Ms., Mrs., Mr.	Home Telephone
Address			Work Telephone
City	State	Zip Code	Cell Telephone
E-Mail (At least 1 CURRENT e-mail per family required!) Club communication is by E-Mail:		US Skating Number	U.S. Citizen (Y/N) Coach's Name

<u>Membership Application</u> <input type="checkbox"/> New Basic Skills Club Member <input type="checkbox"/> Renewing Basic Skills Club Member	<u>Membership Type</u> <input type="checkbox"/> Basic Skills (limited benefits)	<u>Primary Skating Interest (Check one)</u> <input type="checkbox"/> Competitive Basic Skills Skater <input type="checkbox"/> Recreational Basic Skills Skater When do you plan to reach pre-preliminary? (Date): _____	<u>What level are you in Basic Skills?</u>
<u>Keep Confidential</u> (will be printed in Club Directory unless box is checked below) <u>Please Do Not Print:</u> <input type="checkbox"/> Home Address <input type="checkbox"/> Home Telephone <input type="checkbox"/> E-Mail Address	<u>Date of Birth Required by US Skating</u> (mm/dd/yyyy) <u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Club Status (NJFSC to be my)</u> <input type="checkbox"/> Home Club <u>Rink that I skate at:</u> _____	<u>Future Area(s) of Skating Interest:</u> <input type="checkbox"/> Singles <input type="checkbox"/> Pairs <input type="checkbox"/> Synchronized <input type="checkbox"/> Dance <input type="checkbox"/> Theater-on-Ice <input type="checkbox"/> Unsure <u>Volunteer to Help Club</u> <input type="checkbox"/> My parent would like to volunteer <input type="checkbox"/> I would like to be a volunteer

Please note that membership is not pro-rated. The membership year runs from July 1, 2010, through June 30, 2011.

Membership Fees:

Basic Skills Member: \$20.00 **Per Skater**

(only for basic skills members of US Figure Skating – limited benefits)

Check # _____

** Check Amount _____

** Make check payable to NJFSC

As the member or parent/guardian, I/we fully understand the hazards associated with ice skating and do hereby Release the *North Jersey Figure Skating Club* from any liability or claim for injuries or damage that may occur at any events or practices sponsored by the *North Jersey Figure Skating Club*.

Member: _____ Dated: _____

Parent/Guardian: _____ Dated: _____

(Signature required if member is under 18 years of age)

Print Name of Parents/Guardians _____

Return to: North Jersey Figure Skating Club, c/o Fran Schultz, 280 Main St., #410, Little Falls, NJ 07424 fschultz@optonline.net
 973-890-5893. Need Info.? Contact: Rick Breitweiser rfskate@optonline.net; www.northjerseyfsc.org. Club Phone: 201-358-6581

Review web site and brochure for membership benefits

NOTE: IF YOU ARE MOVING TO STANDARD TRACK USFS TEST OR COMPETE (PRE-PRELIMINARY AND ABOVE)

YOU MUST BE A NJFSC FULL MEMBER (full membership application must be completed)