

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

Membership year runs 7/1/11 thru 6/30/12

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

Skater Name: (last): _____ (first): _____		Miss, Ms., Mrs., Mr. Dr	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, 2011 through June 30, 2012.

Membership Fees:

Basic Skills Member: \$25.00 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 obvious 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)