

Office use....
Date received _____
Check Number _____



Please Check:
New Member _____
Renewal _____

BABSON SKATING CLUB MEMBERSHIP APPLICATION 2009/2010 SEASON

Name _____ DOB _____ USFSA # _____
*required for current members

Address _____ City _____ State _____ Zip _____

Home phone _____ Email _____

US Citizen ___Yes ___No Home Club _____

Emergency Contact Name _____ Phone # _____

USFSA last test passed: Moves _____ Freestyle _____

Coach _____ Contact Number _____

Required if skater is under 18:

Parent/Guardian Name _____

Date of Birth _____ US Citizen ___Yes ___No

E-mail _____

Phone Number (H) _____ (W) _____ (C) _____

I give permission for my skater to be photographed at the Club and for photos to be used for press releases and on the website. Yes ___ No ___.

I understand that my family and I are using the Babson Skating Center at my/our own risk. I (and parent/guardian of applicant(s) under age 18) specifically agree to waive and release Babson Skating Club, Babson College, Babson Skating Center and their employees, agents, officers and directors from any and all claims for loss or damage of property, liability, or personal injury that may arise from use of the Babson Skating Center. I have read, understood and agree to all of the foregoing and further agree that each family member will abide by the By-laws and all Rules and Regulations of USFS, the Club and Babson Skating Center. I further agree to pay all bills for fees and ice contract installments when due.

Date _____

Signature of skater

Signature of parent/guardian if skater under 18

PLEASE COMPLETE MEMBERSHIP ON REVERSE SIDE

MEMBERSHIP FEES

PLEASE CIRCLE APPROPRIATE CATEGORY

CATEGORY	AMOUNT	ACTIVITY FEE	TOTAL
Regular	\$195	\$50	\$245
New Skater <small>*No previous USFSA #</small>	\$85	\$50	\$135
Dance/College/Coach <small>*No Activity fee required</small>	\$80	\$0	\$80
Family	\$255	\$50 per Skater (\$50 x _____)	_____
TOTAL AMOUNT DUE			\$ _____

Please complete the information below for skaters on Family Membership:

Name _____ DOB _____ Coach _____ USFSA# _____

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Required USFSA fees (unless member through another club)

USFSA Skater	Amount	Total
First Skater	\$40	
Each Additional Skater in Family	\$15	
Parent <small>*required if skater under 18</small>	\$15	
Basic Skills Program	\$15	
Total Amount Due		\$ _____

Please make check payable to **BABSON SKATING CLUB**. Mail forms along with your full membership dues to **Kim Lombard, 14 Bridle Trail Road, Needham, MA 02492 by June 30, 2009.**