

**BABSON SKATING CLUB**  
**Membership Contract and Financial Obligations**  
 2006-07 Skating Season

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_ Current Club Member? (yes or no) \_\_\_\_\_

USFS Number \_\_\_\_\_ Name of Home Club \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_ Parent Birthdate (for USFS #): \_\_\_\_\_  
 (if applicant is under age 18)

Emergency/cell/work numbers (specify) \_\_\_\_\_

Last moves test passed \_\_\_\_\_ Last freestyle test passed \_\_\_\_\_

Coach \_\_\_\_\_ Telephone Number \_\_\_\_\_

Membership type**:	Regular	(\$190, plus \$50 activity fee)	( )
(check one)	Family	(\$245, plus \$50 activity fee per skater)	( )
	Synchro (Ice Cubes only)	(\$135, no activity fee)	( )
	New Skater (no previous club affiliation or USFSA #)		
		(\$80, plus \$50 activity fee)	( )
	Dance	(\$70, no activity fee, no use of club ice)	( )
	Coach	(\$65, no activity fee)	( )

For family memberships, list names of other family members, ages, birth dates, USFS numbers and coaches or fill out a *separate sheet* for each skating family member:

\_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_

Please [ ] list us/ [ ] do not list us in the Club Directory (check appropriate box).

We volunteer to help with \_\_\_ Hospitality \_\_\_ Show/Exhibition \_\_\_ Activities \_\_\_ Test Sessions  
 \_\_\_ Board Member \_\_\_ Membership \_\_\_ Publicity \_\_\_ Computer/Administrative  
 \_\_\_ Finance \_\_\_ Newsletter/Website \_\_\_ Membership Directory \_\_\_ Club Apparel/Logo  
 \_\_\_ Ice Monitoring \_\_\_ Fundraising \_\_\_ Food Contribution \_\_\_ Other ( )

\*\* In addition to Club membership fees each member is required to be a member of the USFS. Any member under age 18 must have at least one parent or guardian also become a USFS member. If Babson SC is your designated home club, the first family member must pay \$30.00 for USFS dues and each subsequent family member must pay \$10.00 each. No test skaters are encouraged to become Basic Skills members too. Club membership and activity fees and USFS dues must be paid in full and submitted with this application. **Continued on Back**

**Calculation of payment:**

**Payment Enclosed:**

Membership Category (choose from reverse side):

\$ \_\_\_\_\_

- Regular \$190.00
- Family \$245.00
- Synchro (Ice Cubes only) \$135.00
- New Skater \$ 80.00
- Dance \$ 70.00
- Coach \$ 70.00

USFS Fee (required unless member through another club)

- USFS (first member) \$ 30.00 30.00
- USFS (parent required) \$ 10.00 10.00
- USFS (each additional family member) \$10.00 each \_\_\_\_\_
- USFS Basic Skills Program (book and badges) \$10.00 \_\_\_\_\_
- USFS Official Rule & Test Book \$20 (includes shipping) \_\_\_\_\_

Activity Fee (where applicable) \$50.00 each skating member \_\_\_\_\_

Full Season Ice Contracts (attach schedule, \$100 deposit per session required)

- Night/Time/Price \_\_\_\_\_
- Night/Time/Price \_\_\_\_\_

Ten-Pass Book \$160 for 10 sessions (use any 45/50 minute session) \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_  
TOTAL CHECK \_\_\_\_\_

**I give permission for skater/child 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, understand 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 contracts on a timely basis with final payment due no later than April 15, 2007 (prior to final Spring Exhibition).**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Skater

\_\_\_\_\_  
Signature of Parent/guardian (if under 18)

**Please return this form with payment in full for Club membership, activity fees and USFS dues together with your ice application and ice/pass deposits to: Babson Skating Club, c/o Pam Anderson, Vice President, 100 Westcliff Road, Weston, MA 02493**

# BABSON SKATING CLUB ICE APPLICATION AND CONTRACT

September 2006 - June 2007 Skating Season

Name of Skater: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Test Level: \_\_\_\_\_

Name of person(s) responsible for ice payments: \_\_\_\_\_

**I wish to purchase the following ice time during the entire 2006-07 skating season:  
(Place an "X" next to each session you wish to purchase)**

*Ice times are subject to change*

Day	Sessions	Cost (\$100 Deposit each)
<b>Sunday</b>		
+ (4:00-4:45)	Moves/Freestyle Open Session	\$570
+ (4:45-5:15)	Moves/Freestyle Open Session	\$375
* (5:25-6:50)	Ice Cubes Synchro Team Practice	Billed thru Team Only
<b>Wednesday++</b>		
(5:00-6:20)	Moves/Freestyle Open Test	\$875
(6:30-7:50)	Moves and Freestyle Open Test	\$875
** (7:00-7:50)	Freestyle only Open Test	\$675
<b>Thursday</b>		
(6:40-7:30)	Moves/Freestyle Open Session	\$625
<b>Friday</b>		
(5:40-6:25)	Moves/Freestyle Open Test	\$580
(6:25-7:30)	Moves and Freestyle Open Test	\$780
* (6:45-7:30)	Freestyle only Open Test	\$580

\* Some open walkon sessions may be available late in the season.

\*\* Only available to skaters who have passed Senior Moves or are adults

+ No ice 10/29 and 6/10 for Club family skating parties

++ During hockey season (Nov thru Feb), times change to First Session 6:30-7:10 and Second Session 7:10-7:50, second freestyle only, no moves

**Comments (if necessary, use this space to clarify your ice request)**

*You will only be guaranteed the ice you held during the 2005-06 season, if all past financial obligations are paid and your club membership application with full payment and this form (with a \$100 deposit for each ice session you are requesting) is received on or before June 27, 2006. You will be invoiced in 4 installments for the remainder of your ice costs (accounts over 7 days in arrears will incur interest at 1.5% per month (18% annually), final payment due by April 15th. Returned checks will be charged \$25. No refunds, make-ups or reselling of ice time is permitted. The Directors reserves the right to cancel or change the time or composition of any undersubscribed session, and to limit, restrict or suspend ice privileges of any member, regardless of age or test level, for reasons of safety or inappropriate behavior. Only Coaches and Assistants approved in advance by the Directors may teach on Club ice. **I waive all claims, liability, loss, cost, and damages as the result of any personal injury which may occur while I am/my child is using the Babson Skating Center ice facilities while participating in Babson Skating Club activities either on ice or off. I will pay all ice fees invoiced for contracted ice.***

Date: \_\_\_\_\_ Signature of person responsible for ice payments: \_\_\_\_\_

**Please return to: Babson Skating Club, c/o Pam Anderson, Vice Pres, 100 Westcliff Road, Weston, MA 02493**