



***Kalamazoo Figure Skating Club & Southwest Michigan Skating Club
Reciprocal Membership Application***
Effective July 1, 2009 through June 30, 2010

Check One	
	Current KFSC Member
	Current SWMSC Member

Name		Birth Date	Age
Street Address		City	State
			Zip Code
Phone Number		E-Mail Address	
Skater USFS Number		Highest Level Passed	
		MIF _____	Dance _____
Coach's Name		Freestyle _____	Pairs _____
		Other _____	
Are you a professional in Ice Skating as defined by the USFSA? Yes _____ No _____		If "yes", you must complete a pro-form for the USFS	

Additional Family Members			
Name	Birth Date	USFSA Number	Highest Level Test Passed

Consent for Medical Attention or Treatment

I certify that I (the member) or I (the parent/guardian of said participant(s)), give my consent to the Kalamazoo Figure Skating Club and/or the Southwest Michigan Skating Club, including their Board of Directors and volunteers, and the staff of the facility in which the activities are taking place, to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant(s) for any injury that could arise from participation in these activities.

Signature of Parent/Guardian or Skater (if over 18)

Date

EMERGENCY INFORMATION

Skaters' Name _____ Age _____ Birth Date _____

Additional
Skaters' Name _____ Age _____ Birth Date _____

Parent's Name _____ Home Phone _____

Cell Phone _____

Primary Care Physician _____ Phone _____

Preferred Hospital _____

Insurance Carrier _____ Group# _____ Policy# _____

Emergency Contact (other than parent) _____ Phone _____

Cell Phone _____

Kalamazoo Figure Skating Club / Southwest Michigan Skating Club

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in Kalamazoo Figure Skating Club / Southwest Michigan Skating Club activities, I represent that I understand the nature of figure skating activities and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the activity takes place, or the negligence of the releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue the Kalamazoo Figure Skating Club / Southwest Michigan Skating Club, United States Figure Skating, its directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and, if applicable, owners and lessors of premises on which the activity takes place (each considered one of the “releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage or cost which any may incur as the result of such claim.

The Kalamazoo Figure Skating Club / Southwest Michigan Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for club ice. We hereby acknowledge that the Kalamazoo Figure Skating Club / Southwest Michigan Skating Club shall not be responsible for the supervision of the members at club ice.

I have read this **release and waiver of liability, assumption of risk and indemnity agreement**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be valid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Date

Signature of Participant