

SOUTHWEST MICHIGAN SKATING CLUB 2009-2010 Membership Application

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: Home () _____ Business() _____

Birth date: _____ Age: _____ U.S. Citizen? Yes ___ No ___ Country _____

Parent/guardian(if under 18) _____

Membership status: New _____ Renewal _____ USFSA # _____

New members: *You are skating on a probationary basis until your application for membership is presented to and voted on by the SWMSC Board.*

Home club if other than SWMSC: _____

Coach's name: _____

Highest USFSA/ ISIA Test Levels passed after group lessons:

None _____ Freestyle _____ Moves _____ Dance _____

Primary Activity (circle one):

parent/guardian coach competitive skater recreational skater
(home club members only) club officer/board member USFSA official/officer other

Eligibility Status (choose one): _____ Eligible _____ Ineligible _____ Restricted
(home club members only)

MEMBERSHIP (check one)

<input type="checkbox"/>	Junior Active	\$120.00
<input type="checkbox"/>	Senior Active (over 18)	\$120.00
<input type="checkbox"/>	Associate (SWMSC is not home club)	\$ 70.00
<input type="checkbox"/>	Collegiate Membership**	\$100.00
<input type="checkbox"/>	Club Coach	\$ 40.00
<input type="checkbox"/>	Basic Skills Coach	\$ 10.00

Additional members in the same family:

<input type="checkbox"/>	Junior Active	\$ 40.00
<input type="checkbox"/>	Senior Active	\$ 40.00

Return completed forms to: Lisa Sumner - place in Membership Chair box in the club office or mail to:
424 Tuscany Drive, Portage, MI 49024

The Collegiate Membership has recently been instituted by USFSA. For a one-time fee of \$100, a college student may join the SWMSC and USFSA for a consecutive 4-year period. Registration forms and emergency waivers **must be completed each year and submitted to the Membership Chair **along with proof of college attendance**. This proof may take the form of an acceptance letter (if student is beginning college), a transcript, or a bill from the college or university. Any questions about this particular membership may be directed to our Membership Chair at swmichskatingclub@yahoo.com.

For club use only: Ck # _____ Date _____ Amount _____

Skater's name: _____

Emergency Medical Information

Parent/guardian (if under 18) _____

Daytime phone: () _____ Evening phone: () _____

Emergency contact: Name: _____

Relationship to skater: _____

Phone: () _____

Physician (name & phone): _____

Dentist (name & phone): _____

Insurance carrier: _____

Primary policy holder: _____

Policy/Group #: _____

Preferred hospital: _____

WAIVER OF LIABILITY

The Southwest Michigan Skating Club is hereby relieved of any and all responsibility for any injury sustained by the above named skater while participating in, or in transit to any function or activity sponsored by Southwest Michigan Skating Club. Any and all claims against the Southwest Michigan Skating Club precipitated by any such injuries are hereby waived. It is further agreed that permission is granted for the Southwest Michigan Skating Club to obtain any necessary emergency services at the expense of the undersigned, should injuries be incurred. In signing this document the individual agrees to the waiver of liability and that the information given is true and correct. Further, the named individual will abide by the rules and by-laws of the USFSA and the Southwest Michigan Skating Club.

Signature: _____

(Parent or guardian if skater is under 18 years of age)



VOLUNTEER FORM

Southwest Michigan Skating Club
(July 2009-June 2010)

The Southwest Michigan Skating Club (SWMSC) is a non-profit, volunteer organization that offers various opportunities for skaters of all ages, abilities and interests. It is essential, in order to sustain and encourage growth of the club, that each member and his/her family agree to volunteer at a minimum of 2 club-sponsored events (Kick Off Classic being one of them, if at all possible), totaling 6 or more hours, per membership year. Please find, below, some of the opportunities in which you will be able to participate. **Complete the form, placing a check mark next to all of them for which you would be willing to serve, and bring, along with your membership renewal, to the Membership Chair's box in the club office, or send to the address indicated on the membership form..** You will be contacted by SWMSC's Volunteer Coordinator in response to this form. Thank you for volunteering to help make SWMSC the best it can be!

***Please complete and return with your membership registration form so that your application may be processed!**

Name of Volunteer(s): _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Club Events/Activities

- _____ Annual Ice Show (Feb. 27)
- _____ Awards Banquet (May)
- _____ Basic Skills Competition (Aug. 15)
- _____ Club Display/Information Cases (throughout the year)
- _____ Consignment Sale (Aug. – with Basic Skills Competition)
- _____ Fundraising (throughout the year)
- _____ Holiday Show (Dec.)
- _____ Kick Off Classic (Nov. 20-21): **This is the largest money-making event for the club each season. Everyone's participation is needed for this to continue to be successful.**
- _____ Publicity (throughout the year)
- _____ Social Activities: (ex: Kalamazoo Holiday Parade)
- _____ Synchronized Skating Teams

Please List Your Professional Skills and Hobbies

- | | |
|--|-------------------------------|
| _____ Accounting/Finance | _____ Photography/Videography |
| _____ Advertising/Marketing/Public Relations | _____ Publishing/Writing |
| _____ Carpenter/Electrician | _____ Sewing |
| _____ Graphic Design/Computer Information/Web Design | _____ Other _____ |
| _____ Medical Training (EMT, nurse physician) | |