



The Pawtucket & Providence Figure Skating Club 2017-18 Membership Information

Current memberships expire on June 30. We are beginning the processing renewals and new applications for club and USFS memberships for 2017-18. The membership categories and fee schedule follow.

- **First member** of a family having a membership
- **Subsequent membership**- for an additional member from the same family
- **Introductory membership**- available for a one-time reduced fee, can only be used by new members during their first year of a FULL membership (not Basic Skills)
- **Collegiate membership**- four years of membership in USFS & PPFSC
 - skater must be in college (any year), or entering this fall, either graduate or undergraduate
 - membership good for 4 years
 - may be used only once
 - additional family members pay the Subsequent member fee

Membership Category	Fee
First family member	\$80
Subsequent member	\$30
Introductory	\$40
Collegiate	\$130

We remind all Club members that a current membership is necessary in order for any skater to be able to skate on a Club ice session, test and / or compete. Please note that your membership will not be processed until it is received by the Membership Chair.

Please complete a membership form for each family. Make checks payable to PPFSC. Mail your completed forms and appropriate fees to:

Janice Delano, Membership Chair
45 Tracy Beth Drive
North Attleboro, MA 02760-4334

If you have any questions, please contact Janice at jan102500@comcast.net or at 508 761-5796.

Gloria Haddad
PPFSC President

Pawtucket & Providence Figure Skating Club
2017-18 Membership Renewal / New Member Application

We require that the parent/guardian of any minor indicate the name of the person who is financially responsible for this minor. This individual will act as the minor's representative for the purpose of voting at PPFSC meetings. Parents and other non-skaters are still welcome to join the club.

Please print clearly.

Member name _____ USFS# _____

Date of birth (new members only) _____

New members require the signatures of two PPFSC members in good standing.

Circle membership type:

Introductory (one year only)- \$35* / \$40 First family member- \$70*/ \$80 Collegiate (4 years)- \$130

***For submissions postmarked by June 25, 2017.**

_____ Please check if any of the following information has changed in the last year.

Address _____

City, State, Zip _____

Telephone Home _____ Cell _____

Email _____

If a student, school name, grade/year in school as of September 2017: _____

Is the skater a U.S. citizen? _____ yes _____ no

Is this member under 18 years old? _____ yes _____ no

If yes, write the name of the parent/guardian who is financially responsible for this member. This individual will also be responsible for acting as the representative for this member for purposes of voting at PPFSC meetings.

Name _____

Complete if the following if the information is different than that of the minor member.

Address _____

City, State, Zip _____

Telephone _____ Email _____

Signature _____

Indicate amount enclosed for membership on this page: _____

If you need to include additional family members, please use the following page.

Membership fees for additional family members: _____ (from page 2)

TOTAL MEMBERSHIP FEES FOR 2017-18: _____

Additional Family Members

Names of additional family members living at the same address and having the same parent/guardian who is financially responsible (if applicable).

Name: _____ USFS# _____ @ \$25* / \$30

Date of Birth: _____

U.S. citizen? yes no under 18: yes no

If a student, school name, grade/year in school as of September 2017: _____

Name: _____ USFS# _____ @ \$25* / \$30

Date of Birth: _____

U.S. citizen? yes no under 18: yes no

If a student, school name, grade/year in school as of September 2017: _____

Name: _____ USFS# _____ @ \$25* / \$30

Date of Birth: _____

U.S. citizen? yes no under 18: yes no

If a student, school name, grade/year in school as of September 2017: _____

Name: _____ USFS# _____ @ \$25* / \$30

Date of Birth: _____

U.S. citizen? yes no under 18: yes no

If a student, school name, grade/year in school as of September 2017: _____

***For submissions postmarked by June 25, 2017**

Total fees for additional family members: _____ (please list on page 1)

Pawtucket and Providence Figure Skating Club

(name of club)

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")

In consideration of participating in Pawtucket and Providence FSC activities, I represent that I understand the nature of figure skating activities ("activity") 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 Pawtucket and Providence FSC, United States Figure Skating, it's 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 Pawtucket and Providence FSC has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the _____ 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 invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant _____

Date _____

Signature of Participant _____

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

_____ Date _____
Printed Name of Parent/Guardian

Signature of Parent/Guardian

Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the **Pawtucket and Providence FSC** and the facility the activities are taking place in and their staff and to members of the **Providence and Providence FSC**, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

Name of 1st Minor Child Member (please print)

Name of 2nd Minor Child Member (please print)

Name(s) of Parent(s)/Guardian(s)
(please print)

1st Parent/Guardian Signature Date _____

2nd Parent/Guardian Signature Date _____

Name of 1st Adult Member
(please print)

1st Adult Member Signature Date _____

Name of 2nd Adult Member
(please print)

2nd Adult Member Signature Date _____

This Consent for Medical Attention shall be binding and effective for the **entire** membership year of **2017-18**.