



## Pawtucket & Providence Figure Skating Club 2024-25 Associate Membership Application

This form must be completed and submitted with payment. The membership will not be processed without both.

Associate membership fee: \$105 per skater

Please print clearly.

Member name \_\_\_\_\_ USFS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Club \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Is this member under 18 years old? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, supply the name of the parent/guardian who is financially responsible for this member.

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

*Please continue to the next page to complete the Waiver and Release of Liability.*

## 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# \_\_\_\_\_ @ \$95

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ USFS# \_\_\_\_\_ @ \$95

Date of Birth: \_\_\_\_\_

**The following is a requirement of US Figure Skating.** Please read the *Waiver and Release of Liability, Assumption of Risk and Indemnity (“Agreement”)*, the *SafeSport Statement for Membership Renewal*, and the *Model Release* included at the end of this application. Please check and sign both statements below. We cannot process memberships without this acceptance and agreement. You do **not** need to send in the signed agreement other than what is included below.

\_\_\_\_\_ **I/We have read and understand the terms of the “Agreement” for all of the members listed on this application.**

\_\_\_\_\_ **I/We have read and understand the *SafeSport Statement for Membership Renewal* for all of the members listed on this application. I/We agree to abide by all codes of conduct.**

\_\_\_\_\_ **I/We have read and understand the *Model Release* for all of the members listed on this application.**

\_\_\_\_\_

Signature(s) of adult member(s) / parent or guardian of minors

Date signed: \_\_\_\_\_

Please send this form and payment 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](mailto:jan102500@comcast.net) or at 508 761-5796.