

Penguin Figure Skating Club 2009-2010 Membership Application

For Club Use Only

Dues _____

Paid _____

Check # _____

Initials _____

NAME (Adult Member - 18 or over) _____ HOME PHONE _____

ADDRESS _____
(street address) (city) (state/zip code)

E-MAIL ADDRESS _____ SPOUSE NAME _____

TYPE OF MEMBERSHIP: (circle one) BASIC BASIC FAMILY ASSOCIATE FRIEND of PFSC
JUDGE COACH HONORARY COLLEGIATE SYNCHRO JR. CLUB

Please list names, birth dates, and skating status of all skating club members in your family:

NAME	BIRTH DATE	SKATING STATUS (circle one)
Adult Member (as named above)		AMATEUR* PROFESSIONAL RECREATIONAL NON-SKATING
Spouse -		AMATEUR* PROFESSIONAL RECREATIONAL NON-SKATING
1 st Skater -		AMATEUR* PROFESSIONAL RECREATIONAL NON-SKATING
2 nd Skater -		AMATEUR* PROFESSIONAL RECREATIONAL NON-SKATING
3 rd Skater -		AMATEUR* PROFESSIONAL RECREATIONAL NON-SKATING
4 th Skater -		AMATEUR* PROFESSIONAL RECREATIONAL NON-SKATING

* Indicates an amateur skater who is currently considered a competitive skater.

Fees and Membership Information

Type of Membership:	FEES	Notes About Membership Type
Basic	\$100	Includes USFS number, yearly subscription to "Skating" magazine, rights to club test sessions, club shows, exhibitions, and other club sponsored events. Entitled to one vote 18 or older.
Basic Family	\$160	For families of two or more skaters or adult members, includes all benefits of the basic membership. Entitled to one vote.
Associate	\$50	Skaters must recognize another USFS club as home club. Fee includes rights to club test sessions, club shows, exhibitions, and other club sponsored events. Not entitled to vote.
Friend of PFSC	\$50	This is a Non-skater membership – designed to sponsor the PFSC and its skaters. Includes a USFS number and subscription to "Skating" magazine. Not entitled to vote
Coach	\$40	The right to participate in club exhibitions and events. Entitled to vote.
Honorary	\$0	Penguin Figure Skating Club grants this status through its Board of Directors and is maintained as long as the member remains in good status with USFSA. Not entitled to vote.
Judge	\$0	For judges and trial-judges UNLESS competing: a fee of \$25.00 is due. Not entitled to vote.
Collegiate	\$45	Designed for Penguin members who wish to continue their Penguin membership into their collegiate years. Includes USFS number, subscription to "Skating" magazine, club test sessions and the right to participate in club exhibitions and special events. Entitled to vote.
Synchro	\$25	Designed for members of the Synchronized Skating Team who recognize another USFS club as their home club. Skaters receive no additional benefits other than participating with the synchronized skating team. Not entitled to vote.
Junior Club	\$30	Designed for Advanced Basic Skills skaters prior to their first official USFS test, the right to participate in club exhibitions and events. Additional fees will apply for group skating lessons. Not entitled to vote.

The undersigned hereby make(s) application for membership in the Penguin Figure Skating Club, Inc., and agree(s), if admitted to membership, to be bound by and subject to the Constitution and By-Laws of, as well as any and all rules and regulations promulgated by, the Penguin Figure Skating Club, Inc., as the same now exist or may hereafter be enacted or amended.

Date _____ Signature of Applicant _____

Please mail completed and signed form along with check payment made out to: Penguin FSC, to: Mrs. Coby Lynn Powers, PFSC Membership Chair, 815 Juniper Road, Hellertown, PA. 18055-1912

**RELEASE OF LIABILITY
AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

By signing the Release and Authorization form, express permission is hereby given for the following minor children, namely (provide full legal names of minors): _____

to participate in all practice sessions, club competitions and other activities of the **Penguin Figure Skating Club, Inc.**, during the Club's 2009-2010 season, and in connection therewith, the undersigned agrees(s) and consent(s) to the provision of transportation for the minor(s) to and from the site of any such activities by **Penguin Figure Skating Club, Inc.**'s officers, professional coaches, committee volunteers and/or volunteer drives; and further, expressly consent(s) to and authorizes the furnishing of emergency medical treatment to the aforesaid minor(s), if necessary, including, but not limited to diagnostics and testing, blood transfusion, x-rays, splinting, casting, administration of medicines, and/or emergency surgeries, by any health care provider duly licensed by the Commonwealth of Pennsylvania; and finally, for the undersigned as well as the said minor(s), the undersigned, and his/her/their respective heirs, executors, administrators, successors, and assigns, do hereby remise, release and forever discharge **Penguin Figure Skating Club, Inc.**, its officers, professional coaches, committee volunteers and volunteer participation in the above-referenced activities (except in the case of intentional injury to the minor by, or gross negligence toward the minor on the part of, **Penguin Figure Skating Club, Inc.**, its officers, professional coaches, committee volunteers and or volunteer drivers).

The signature of an adult skater set forth below is intended by such skater, and shall be conclusively deemed to evidence consent to emergency medical treatment of such adult skater, as well as to constitute a release of liability on the part of **Penguin Figure Skating Club, Inc.** its officers, professional coaches, committee volunteers and volunteer drivers, and each of them, to such adult skater, fully in such manner and to such degree as is set forth hereinabove with respect to minor skaters.

In witness whereof, this Release and Authorization form has been duly executed this _____ day of _____, 2009/2010.

(Adult Skater's Signature)

(Parent/Guardian's Signature)

(Parent/Guardian's Signature)

(Note: If only **ONE** parent or legal guardian signs this form, his or her signature shall constitute an affirmative representation of full legal authority so to act without his or her obtaining the signature of a non-signing parent, guardian, or any other person)

HEALTH INSURANCE INFORMATION
(This Section **MUST** be Completed Fully Before Submission)

Health Insurance Company Name: _____

Group Name (If Applicable): _____

Group Member/Primary Insured: _____

Policy No. _____ ID No. _____

*****PLEASE NOTE: NO APPLICATION FOR MEMBERSHIP IN THE PENGUIN FIGURE SKATING CLUB, INC., WILL BE PROCESSED UNLESS BOTH SIDES OF THIS FORM ARE COMPLETED WITH ALL REQUESTED INFORMATION BEFORE BEING RETURNED. FAILURE TO SUPPLY REQUESTED INFORMATION COULD, THEREFORE, DELAY MEMBERSHIP REGISTRATION, AND POSSIBLY AFFECT ELIGIBILITY FOR COMPETITION AND TESTING PURPOSES.*****