



Smithfield Figure Skating Club
 Winter Ice Application
 February 10, 2021 – April 17, 2021

For Office Use Only
 Amount _____
 Date Received _____

Name: _____ Date of Birth: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone # _____ Cell Phone # _____ Email Address: _____
 Please Select Type of Membership You Presently Have: Home Club Associate Non Member
 Current Home Club: _____ USFSA #: _____
 Highest Test Levels Passed: Basic Skills Badge: _____ MITF: _____ Free skate: _____ Dance: _____
 Coach Working with Skater on Session/s Purchased: _____

ALL SKATERS MUST PRE-REGISTER FOR THE ENTIRE 10 WEEK SESSION AT A COST OF \$200 PER SESSION.

The Winter Ice Application, Covid 19 Assumption of Risk & Waiver and Skater & Coach Safety Protocol Statement must be COMPLETED, SIGNED AND EMAILED at the time of registration to dianne.lamontagne@gmail.com.

The Covid Health and Wellness Form (Google Form) must be submitted ONLINE each day PRIOR to arrival at rink. Skaters WILL NOT be allowed on the ice if they have not submitted this form.

PAYMENT REQUIRED TO BE MADE AT TIME OF REGISTRATION USING VENMO ACCOUNT: Treasurer SFSC FOR THE VENMO PAYMENT NOTATION INCLUDE THE SKATER'S NAME AND THE WORDS "CLUB ICE"

PLEASE SELECT SESSION TIMES YOU ARE CONTRACTING:

WEDNESDAY 5:00-5:50PM 6:00-6:50PM 7:00-7:50PM

SATURDAY 11:30AM-12:30PM 12:30-1:20PM 1:30-2:20PM

READ BEFORE SIGNING:

The undersigned acknowledges and agrees that:

A. Skating is a dangerous sport, and that my or my child's participation in skating and training activities is at my or my child's sole risk. I here agree to release, indemnify and hold harmless the Smithfield Figure Skating Club (hereinafter known as SFSC) and the Smithfield Municipal Ice Rink and all of their board of governors, agents, insurers, attorneys and employees from all and any claims, demands, losses, damages or injury, whatsoever, of any kind or nature, including any bodily injury or property loss or damage that I may sustain as a result of my or my child's participation in activities with SFSC.

B. I assume all such risks, both known and unknown of me or my child's participation in SFSC activities, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.

C. I agree to familiarize myself with, and follow all rules, regulations, policies and protocols of SFSC. I understand that any violation of any rule, regulation, policy or protocol of SFSC may result in a loss of my skating privileges.

D. If unable to reach a parent or guardian of a minor, SFSC is granted permission to administer or obtain emergency medical treatment to my child.

E. I give permission for all photographs, videos, and other forms of media identifying and portraying SFSC skating participants to be used by SFSC for marketing and other promotional purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date: _____
 (Parent or guardian if under 18 years of age)