



Smithfield Figure Skating Club
 Spring Ice Application
 April 3, 2024 – June 29, 2024
 (13 weeks)

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: _____

MEMBER CONTRACT FEE FOR EACH SESSION - \$208
NONMEMBER CONTRACT FEE FOR EACH SESSION - \$260

1/2 balance due with application \$ _____
 1/2 balance due 5/1/24 \$ _____

Fees payable via Venmo: @Treasurer SFSC or scan QR code→
Include the skater's name and the words "CLUB ICE" in the venmo payment notation.



PLEASE SELECT SESSION TIMES YOU ARE CONTRACTING:

- WEDNESDAY 5:00-5:50PM 6:00-6:50PM 7:00-7:50PM
- SATURDAY 1:00-1:50PM 2:00-2:50PM 3:00-3:50PM

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)