

JFSC Membership Application 2013-2014
Please Print Clearly

First Member: _____

Address: _____

Telephone Number: () _____ Other Number: () _____

Email Address: _____ Birth Date: ____/____/____

USFSA Number: _____ Highest Test USFSA Passed: _____

Name of additional family member/skater becoming JFSC members:

Name _____ Birth Date: ____/____/____

Membership Category for which you are applying (Circle one):

Junior Member (under 18 years of age) with 1 Parent: \$80; Each additional family member is \$22

Introductory Membership: \$45 includes one Skater and a Parent. FOR FIRST TIME MEMBERS ONLY.

Associate Member: \$45 Current Home Club _____

JFSC Registered Coach: \$40; Associate Coach: \$30

Senior Member: 18 years of age and older \$75

Membership includes the following: Membership to U.S Figure Skating; U.S. Figure Skating SKATING MAGAZINE and all privileges of the Janesville Figure Skating Club.

Amount due: \$ _____

Applicant's Signature: _____ Date _____

Parents Signature (if Applicant is under 18): _____ Date _____

Skaters Signature _____ Date _____

Address: _____

Telephone: _____ Emergency Number: _____

I acknowledge that there are certain risks of physical injury to participants involved in Figure Skating. That I agree to assume full risk of any such injuries, damages or loss which I or my child might sustain as a result of participation in any activities during the course of The Janesville Figure Skating Club activities. I fully release, discharge and hold harmless The Janesville Figure Skating Club, Janesville Ice Arena and their officers, agents and employees from any and all claims from injuries, damages or loss due to my or my child's participation in, arising out of, or in any way associated with these activities. **I have read, understand and agree to the statement above.**

Signature (Parent or guardian if under 18): _____

Club Website can be found at: www.janesvillefsc.org

