



Colonial Skating Club of PA

MISSION STATEMENT

To promote the understanding and appreciation of all forms of skating and to help skaters achieve their goals in an atmosphere of good sportsmanship. These objectives are carried out in accordance with policies of the USFSA.

MEMBERSHIP APPLICATION 2011-2012

DUE JUNE 30, 2011

_____	_____	_____	_____
Skater's Name - Please Print	Date of Birth	USFSA#	
_____	_____	_____	_____
Parent's Name - Please Print	Date of Birth	USFSA#	
_____	_____	_____	_____
Additional Skater	Date of Birth	USFSA#	
_____	_____	_____	_____
Additional Skater	Date of Birth	USFSA#	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Home Phone #	Cell Phone #	Work Phone #	

Email address **REQUIRED**

May we publish your address, phone number and birthday (without year) in a membership roster available to club members: Yes ___ No ___

TYPE OF MEMBERSHIP DESIRED

1. Family Membership - Includes skater and parent _____ \$110.00 Includes USFSA Membership
Each additional person is \$25.00
2. Individual Adult Membership (18 and older) _____ \$90.00 Includes USFSA Membership
3. Professional Membership (must be over 18) _____ \$35.00 Includes USFSA Membership
4. TRIAL Family Membership - Skater and parent _____ \$80.00 Includes USFSA Membership
Only for first time club members
5. Associate Club Membership _____ \$45.00 Must have USFSA Membership at
another club
6. Friends of Colonial - Non-skaters who want to get _____ \$45.00 Includes USFSA Membership
involved in club activities and support the club.
7. Basic Skills Member _____ \$17.00 Includes USFSA Membership

I have read the Colonial Skating Club Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement.

Skater's signature or parent (if skater is under 18 years of age) Date

Checks should be made payable to "Colonial Skating Club of PA" and sent to the address below.

Sue Dornblaser (c/o membership)
25 Main Street
Fallsington, PA 19054

Membership questions can be directed to:
Sue Dornblaser - 215-295-9243 or susydee8@aol.com



The Colonial Skating Club of PA is proud to be an affiliate member of the United States Figure Skating Association and the Association of Philadelphia Area Figure Skating Clubs.

The Colonial Skating Club of PA is a non-profit organization that is governed by a volunteer board of directors.

Colonial Skating Club of PA membership year is July 1st through June 30th of the following year.

Members in Good Standing agree to:

Conduct themselves in an ethical manner and in the best interest of the Club. See "Ice Rules" and "Parents Code of Conduct".

Volunteer time at club sponsored competitions, shows, exhibitions. Total of 15 hours of volunteer time required (can be accumulated through skaters and parents)

Additionally, I will be able to volunteer for one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Test sessions | <input type="checkbox"/> Making phone calls |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Basic skills membership sign-up |
| <input type="checkbox"/> Website | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership Drive |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Parent/ Skater Education |
| <input type="checkbox"/> Skate swap/sale | <input type="checkbox"/> Club Ice |
| <input type="checkbox"/> Volunteer coordinator | <input type="checkbox"/> Other skills _____ |
| <input type="checkbox"/> Graphic design | |

I would be willing to serve on the Colonial Skating Club of PA Board of Directors

Skater signature **Date**

Parent/Guardian signature **Date**



Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement "Agreement"

In consideration of participating in Colonial Skating Club activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or readily foreseeable at the time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity".

I hereby release, discharge, and covenant not to sue the Colonial Skating Club, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the "releasees" or otherwise including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage or cost which any may incur as the result of such claim.

The Colonial Skating Club has the right, but not the obligation to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Colonial Skating Club shall not be responsible for the supervision of members on Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Date

Signature of Participant

Printed Name of Parent or Guardian if participant is under 18

Date

Signature of Parent or Guardian if participant is under 18



PLEASE READ THE ICE RULES AND SIGN THIS ACKNOWLEDGEMENT FORM

TO PROMOTE SAFETY AND INCREASE PRODUCTIVITY ON THE ICE SESSIONS, PLEASE OBSERVE THE FOLLOWING ICE RULES:

- 1) Keep moving! No standing around during sessions. It creates obstacles for other skaters
- 2) Always have a positive attitude. Displays of bad attitude will not be permitted
- 3) Be courteous and respectful on and off the ice to all coaches, skaters, and adults in charge.
Treat others as you would want to be treated.
- 4) Use your time on the ice wisely. Have tissues, water and other needed items at the boards so you can spend more time skating.
- 5) If you fall, get up quickly unless you are injured. This lets others on the ice know you are ok.
Sitting on the ice can be dangerous for you and other skaters.
- 6) Unless skating your program, spins should be done in the center of the ice and jumps on the perimeter.
- 7) Watch out for other skaters and be aware at all times. Never cut off a skater in the middle of a jump.
It is impossible to take evasive action in the air.
- 8) Music should be played in rotation, unless a lesson is in progress, in which case the coach may interrupt the rotation.
- 9) The "right of way" rules of the ice are as follows:
Skater doing their program in a lesson has first right of way
Skater in a lesson has second right of way
Skater in a program has third right of way
- 10) Do your socializing off the ice. Skate!!!

Skaters signature (or parent if skater is under 18)

Date



U.S. Figure Skating Parents Code of Conduct

Codes of Conduct give everyone a guide to what is expected of us if we are part of an organization, participating in a sport, or as spectators at our child's events.

Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: respect, responsibility, fairness, caring, trustworthiness and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character" (Arizona Sports Summit Accord)

By signing below I hereby agree that:

1. I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
2. I will place the emotional and physical well being of my child ahead of my personal desire to win.
3. I will encourage my child to skate in a safe and healthy environment.
4. I will inform my child's coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
5. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the results of a competitive event.
6. I will never ridicule or yell at my child or other participant for making a mistake or blame my child's teammates for placement in a competition.
7. I will do my best to make skating fun and will remember that my child participates in sports for his/her own enjoyment and satisfaction not mine.
8. I will ask my child to treat other skaters, coaches, fans, and officials with respect, regardless of race, creed, color, sexual orientation or ability.
9. I will applaud a good effort in both victory and defeat emphasizing the positive accomplishments and learning from the mistakes.
10. I will teach my child to resolve conflicts without resorting to hostility or violence.
11. I will be a positive role model for my child and other skaters.
12. I will demand a figure skating environment for my child that is free of drug or alcohol abuse and agree that I will not use or provide to a third party any drug proscribed by applicable federal, state, or municipal law.

13. I will not assist or condone any competing athlete's use of a drug banned by the International Olympic Committee, International Skating Union, United States Olympic Committee, or U.S. Figure Skating, or, in case of athletes, to use such drugs or refuse to submit to properly conducted drug tests administered by one of these organizations.

14. I will not provide alcohol to, or condone the use of alcohol by minors, abuse alcohol in the presence of athlete members, or at U.S. Figure Skating activities or, in the case of athletes, consume alcoholic beverages while a minor.

15. I will encourage my child's coach to continue their education and training through programs offered by U.S. Figure Skating, the Professional Skaters Association and other accredited organizations.

16. I will respect my child's coach and refrain from coaching my child or other skaters during competitions and practices because it may conflict with the coach's plan or strategies.

17. I will respect the decisions of officials and their authority during competitions and test sessions and teach my child to do likewise.

18. I will show appreciation and recognize the importance of volunteers and club officials.

19. I will study the rules of the U.S. Figure Skating and teach my child accordingly so that we have an understanding and appreciation of the rules of competition and membership.

20. I will support all the opponents in my child's competition and respect the rights of all skaters to participate.

Signature _____

Date _____



Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Colonial Skating Club of PA and the Grundy Recreation Center and their staff and to members of the Colonial Skating Club of PA, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

This Consent for Medical Attention shall be binding and effective for the 2011 - 2012 Skating Season

Name of 1st Member _____ (please print)	_____	_____
	Adult	Child
Name of 2nd Member _____ (please print)	_____	_____
	Adult	Child
Name of 3rd Member _____ (please print)	_____	_____
	Adult	Child
Name of 4th Member _____ (please print)	_____	_____
	Adult	Child
Parent/Guardian Signature _____ (for Child Member/s)	_____	_____
		Date
Signature Adult Member _____	_____	_____
		Date
Signature Adult Member _____	_____	_____
		Date

