



# Figure Skating Club of Cincinnati

## 2018 -2019 Membership Application

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ USFS Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

*By providing an e-mail address, you consent to receive newsletters, meeting notices, and other club communications electronically unless you provide written notice otherwise.*

\_\_\_\_ Please DO NOT include my contact information in the FSCC membership directory

US Figure Skating home club registration desired (check one):

\_\_\_\_ FSCC

\_\_\_\_ Other club (please specify) \_\_\_\_\_

If Family Membership, list all participants:

Name	Birthdate	USFS Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

FSCC is a volunteer-run, non-profit organization. We depend on our membership to help the club support skating-related events. Please select areas below that interest you (i.e. you are interested in helping out in this area, or you are interested in learning more about this). You may select as many areas as you wish:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Membership           | <input type="checkbox"/> Test Sessions      | <input type="checkbox"/> Competitions: Planning |
| <input type="checkbox"/> Competitions: Day-of | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Website              | <input type="checkbox"/> Skating School     | <input type="checkbox"/> Volunteer Coordinator  |
| <input type="checkbox"/> Social Events        | <input type="checkbox"/> Club Ice monitor   | <input type="checkbox"/> Other (specify below)  |





**WAIVERS AND EMERGENCY MEDICAL AUTHORIZATION**

Family Name

\_\_\_\_\_

Skaters' Names and Birthdates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKATER/PARTICIPANT CODE OF CONDUCT**

The following code of conduct applies to all participants in activities hosted, supported, sponsored, or engaged in by Figure Skating Club of Cincinnati (FSCC)/Cincinnati Skating School (CSS)/Cincinnati Ice Show Team (CIST) including, but not limited to competitions, exhibitions, training camps, and practice sessions. I agree to fully abide by the rules, guidelines, and policies set forth by US Figure Skating, FSCC, CSS, or CIST or their properly designated agents. As a precondition to participation in such activities, I will adhere to the Code of Conduct set forth in G.R. 1.02 of the US Figure Skating Rules and such additional rules or policies adopted by US Figure Skating, FSCC, CSS or CIST designed to protect the welfare of figure skating, including but not limited to Safe Sport policies.

\_\_\_\_\_  I have read and agree  
(Initial here)

**OHIO DEPARTMENT OF HEALTH  
CONCUSSION INFORMATION**

A complete copy of the Ohio Department of Health Concussion Information Sheet can be found posted at The CSS office and at <http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/concussion/4Youth%20Sports%20Organization%20Concussion%20Form%20%20ODH%20Revised%203pdf.ashx>

\_\_\_\_\_  (Initial here) I have read a copy of the Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations.

**WAIVER AND RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNITY  
AGREEMENT ("AGREEMENT")  
FOR GROUP LESSONS, SPECIALTY CLASSES,  
FREESTYLE SESSIONS, TEAMS AND CLUB  
SESSIONS**

In consideration of participating in Figure Skating Club of Cincinnati (FSCC)/Cincinnati Skating School (CSS)/Cincinnati Ice Show Team (CIST) 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 not readily foreseeable at this 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 Figure Skating Club of Cincinnati, the Cincinnati Skating School, Sports Plus Ohio, Martini on Ice, LLC, United States Figure Skating, its 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 negligence of 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.

FSCC/CSS/CIST has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice, lessons, team practices or free style sessions. We hereby acknowledge that FSCC/CSS/CIST shall not be responsible for the supervision of the members or guests at such sessions. 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.

\_\_\_\_\_  (Initial here) I have read and agree

**NAME AND LIKENESS CONSENT AND RELEASE AGREEMENT**

By participating in a Figure Skating Club of Cincinnati (FSCC)/Cincinnati Skating School (CSS)/Cincinnati Ice Show Team (CIST)/United States Figure Skating (USFS) sanctioned event and/or hosted activity, and for good and valuable consideration, I release and grant to FSCC/CSS/CIST/USFS, including its subsidiary and affiliated entities, the right to use my name, likeness, image, photograph, voice, video, athletic performance, biographical information and any other indicia of identity, in any format whatsoever, from the event or activity listed above (collectively, my "Identifications"), and to distribute, broadcast and exhibit my Identifications, without charge, restriction or liability, in any media now known or hereafter devised (including, but not limited to, television, internet, web casting, and video streaming) or in various publications (including, but not limited to, SKATING Magazine, the USFS directory or media guide and marketing materials) into perpetuity, unless otherwise specified and agreed upon. I understand that I will not receive any compensation for any such use of my Identifications. It is also agreed that at no time can FSCC/CSS/CIST/USFS release or authorize the use of my Identifications to an unrelated third party for the purpose of my endorsement of any commercial property, product or service, without my written permission. I HAVE READ THIS RELEASE AND CONSENT AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.

\_\_\_\_\_  I have read and agree (Initial here)

**EMERGENCY MEDICAL AUTHORIZATION FORM**

Primary Emergency Contact -  
Parent/Guardian/Spouse (if applicable)  
Name \_\_\_\_\_

Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell/Pager \_\_\_\_\_

Alternate Emergency Contact  
Name \_\_\_\_\_

Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell/Pager \_\_\_\_\_

PART I OR II (not both) MUST BE COMPLETED

**PART I: TO GRANT CONSENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by a licensed physician or dentist; and
- 2) the transfer of myself/my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I have read and agree (Initial here)

**PARENTAL CONSENT, ACKNOWLEDGEMENT & INDEMNIFICATION AGREEMENT**

I, the skater or minor skater's parent and/or legal guardian, understand the nature of the above referenced activities and my/the minor's experience and capabilities and believe myself/the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees named above from all liability, claims, demands, losses, or damages on my/the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim. I further acknowledge that my consent to the Waiver and Release, Media Release, and Emergency Medical Authorization Form are my voluntary act and deed on behalf of myself or my minor child, and that such release shall continue during all subsequent activities, unless my consent is revoked in writing.

\_\_\_\_\_  
(Signature of Skater or Parent of Minor Skater) Date