**2021 -2022**

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 that depends on our membership to help the club support skating-related events. I understand and agree that an acceptable number of volunteer hours is a minimum of 4 (four) hours per member skater per year. Please sign up for one of our critical Volunteer needs listed below. There is training available for each role listed:

|  |  |
| --- | --- |
| \_\_Board Member: 2-3 hours per month | \_\_ Competition – Day of: 4 hours per shift (for example, playing music, ice monitor) |
| \_\_Website Content: 2 hours per quarter | \_\_ Test Session – Day of: 4 hours per shift (for example, playing music, ice monitor) |
| \_\_Competition Registration co-chair: 4 hours/month in Jan, March & April - setup registration system & tally entries. | \_\_ Awards coordinator: 1-2 hours in May/June to send survey and tally votes |
| \_\_Competition Volunteer coordinator: 4 hours in April | \_\_Social Media: 1 hour/quarter |
| \_\_Hospitality coordinator: 1-2 hours of planning per test session/competition |  Newsletter: 2 hours/bi-monthly |
| \_\_Competition Volunteer coordinator: 4 hours in April |  Seminars Coordinator: 1-2 hours/quarter |

**Fees**

|  |  |  |
| --- | --- | --- |
| **MEMBERSHIP TYPE** | **DESCRIPTION** | **COST** |
| **Regular Family**  | Membership for **1 minor skater AND 1 parent/guardian/adult skater** within the same familyBenefits include:USFS Membership and Skating Magazine.Eligible for all USFS competitions, exhibitions, and testing.Eligible for member rate and priority for FSCC test sessions.Eligible to participate in all FSCC group activities.Permission to skate on club sponsored ice sessions.USFS sports accident insurance coverage.Join before August 30th for a free FSC of Cincinnati headband. \* **Families with 2 or more minor skaters** in their household should select: 1 Regular Family Membership plus an Additional Family Membership for each additional minor skater | $150 |
| **Additional Family**  | Membership for additional family members after registering a Regular Family Membership Benefits include all benefits listed in Regular Family membership. \* **Families with 2 or more minor skaters** in their household should select: 1 Regular Family Membership plus  An Additional Family Membership for each additional minor skater | $45 |
| **Adult**  | For skaters 18 years and older Benefits include all benefits listed in Regular Family membership. | $120 |
| **Professional** | For USFS coaches only Includes USFS Membership and Skating Magazine Teaching privileges or permission to skate on club sponsored ice sessions Priority consideration for teaching group classes for FSCC home club coaches | $80 |
| **Collegiate** | For full-time college students 4-year membership with FSCC and USFS Benefits include all benefits listed in Regular Family membership. | $120 |

Select one: \_\_\_Regular Family Membership (dues for one junior skater and one parent/guardian): x $150 = \_\_\_\_\_\_

 \_\_\_Adult Membership (individual must be 18 or older): x $120 =\_\_\_\_\_\_\_

 \_\_\_Professional Membership (for USFS coaches only): x $ 80 = \_\_\_\_\_\_

 \_\_\_Collegiate Membership (4 year membership for college students): x $120 = \_\_\_\_\_\_

 \_\_\_Additional Family Memberships: x $45 = \_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 T TOTAL membership fees: \_\_\_\_\_\_\_\_\_\_\_\_

*FSCC Membership Fees are due upon application, and, for new members, are subject to acceptance by the Board of Directors. If the application is not accepted, guest fees will be deducted for any sessions skated and the balance of fees will be refunded. Please allow 7 days for processing. FSCC will send you a confirmation email when your registrations with USFSA and FSCC have been completed. For questions please contact the Membership Chair at membership@skatecincinnati.org*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to “**FSCC.**”

Return completed form with payment to:

 FSCC Membership Chair

 Stacey Udstuen

 4835 Forest Ridge Drive

 Mason, OH 45040

**FOR CLUB USE ONLY**

Rec’d Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_

Check Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. \_\_\_\_\_\_\_\_\_\_\_\_\_

USFS reg. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waivers and Emergency Medical Authorization**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skaters’ Names and Birthdates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver and Release of Liability, Assumption of Risk, WAIVER AND RELEASE, and Indemnity Agreement (“Agreement”)**

ASSUMPTION OF RISK, WAIVER AND RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration of the opportunity to participate in U.S. Figure Skating sanctioned events and activities during the 2020-21 U.S. Figure Skating Competition Season (“Events and Activities”), the undersigned, individually, and on behalf of his/her heirs, personal representatives, administrators, agents, successors and assigns (collectively referred to herein as "Participant"), AGREES TO ASSUME THE RISK AND RESPONSIBILITY, TO RELEASE AND TO INDEMNIFY Figure Skating Club of Cincinnati (FSCC) and U.S. Figure Skating, its directors, officers, members, employees, officials, committees, volunteers, clubs, affiliates, sponsors, representatives, agents, successors and assigns, including the host club, local organizing committee and any other entity responsible for the hosting and/or conduct of the Events and Activities (collectively referred to herein as "FSCC/U.S. Figure Skating"), as follows:

1. Assumption of Risk and Responsibility. Participant fully understands and appreciates the risks of injury that may occur in ice skating or in the course of preparing for, participating in and traveling to or from the Events and Activities. The risks of injury that may occur include, but are not limited to, the risk of, serious bodily injury, viral infections, bacterial infections and risk of other communicable diseases and illness, permanent disability, paralysis and death (collectively referred to herein as “Risks”). Participant acknowledges that Participant voluntarily engages in such Events and Activities with adequate knowledge of such Risks; and agrees that Participant fully assumes all such Risks and all legal and financial responsibility for (a) any and all injuries or damages, whether to person or property, that Participant may in any manner sustain in connection therewith or in the conduct and management of the Events and Activities, including such injury or damage that may result from the negligence of U.S. Figure Skating or from some other cause and (b) all treatment, hospitalization and other care rendered to Participant in the event of Participant’s illness, injury or other emergency circumstance in connection with participation in the Events and Activities, subject to any applicable insurance coverage.

2. Release and Indemnification. Participant hereby fully and forever releases, discharges, holds harmless, and agrees to indemnify FSCC/U.S. Figure Skating from and against any and all liabilities, claims, demands, lawsuits, damages, and judgments, present or future, known or unknown, valid or invalid, direct or consequential, together with reasonable costs and attorneys’ fees, which result directly or indirectly from damages, losses, injuries or death to Participant, Participant’s property, other persons or property incurred during or in connection with any activities associated with or being a part of the Events and Activities and the conduct and management thereof, including any participation, travel or medical treatment, hospitalization or other care rendered in connection with the Events and Activities, whether such loss, damage, injury or death results from the negligence of FSCC/U.S. Figure Skating or from some other cause.

3. 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.

4. The following code of conduct applies to all participants in activities hosted, supported, sponsored, or engaged in by FSCC including, but not limited to competitions, exhibitions, training camps, test sessions and practice sessions. I agree to fully abide by the rules, guidelines, and policies set forth by US Figure Skating and FSCC 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 and/or FSCC designed to protect the welfare of figure skating, including but not limited to Safe Sport policies.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE, AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I 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 THAT THE REMAINING PROVISIONS SHALL CONTINUE IN FULL FORCE AND EFFECT.

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

**Ohio Department of Health Concussion Information**

To assist you and your child in recognizing the signs and symptoms of a concussion, a complete copy of the Ohio Department of Health Concussion Information Sheet can be found posted at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/child-injury-Prevention/resources/concussionform

\_\_\_\_\_\_\_\_\_\_\_ (Initial here) I have read the Ohio Department of Health’s Concussion Information Sheet and understand that I have a responsibility to report my/my child’s symptoms to coaches, administrators and healthcare provider. I also understand that I/my child must have no symptoms before return to play can occur.

**Name and Likeness Consent and Release Agreement**

By participating in a Figure Skating Club of Cincinnati (FSCC)/United States Figure Skating (USFS) sanctioned event and/or hosted activity, and for good and valuable consideration, I release and grant to FSCC/U.S. Figure Skating, 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 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/U.S. Figure Skating 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 -

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I OR II (not both)** MUST BE COMPLETED

|  |  |
| --- | --- |
| PART I: TO GRANT CONSENTIn 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; and2) 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.  | PART II: REFUSAL TO CONSENTI do NOT give my consent for emergency medical treatment of myself/my child. In the event of illness or injury requiring emergency treatment, I wish the responders to take the following action: |
| \_\_\_\_\_\_\_\_\_\_\_ PART I: I GRANT CONSENT (Initial here) | \_\_\_\_\_\_\_\_\_\_\_ I have read and agree (Initial here) |
| PART II: REFUSAL TO CONSENTI do NOT give my consent for emergency medical treatment of myself/my child. In the event of illness or injury requiring emergency treatment, I wish the responders to take the following action: (please contact membership@skatecincinnati.org with instructions.) | PART II: REFUSAL TO CONSENTI do NOT give my consent for emergency medical treatment of myself/my child. In the event of illness or injury requiring emergency treatment, I wish the responders to take the following action: |
| \_\_\_\_\_\_\_\_\_\_\_ PART II: I REFUSE CONSENT (Initial here) | \_\_\_\_\_\_\_\_\_\_\_ I have read and agree (Initial here) |