

Date Received	Check #	Cash Receipt #	Amount	
			\$	

Membership Registration

for year: 7/1/2023 - 6/30/2024 Seniority Date: Check here if you are a new member First Name Last Name Birth Date U.S. Figure Skating # Cell Phone # Home Phone # Email Address: **Street Address** City State Zip Mother's Name Contact # Father's Name Contact # Email: Email: **Emergency Contact** Phone # Name Information: NOTE: ICE CONTRACTED BY MCFSC FOR SKATERS RUNS FROM SEPTEMBER - MAY Discounted Membership Category (select one) Full Club membership is \$2000 per year. Those willing to participate in mandatory fundraisers will receive membership for the discounted rates listed to the left. If you Members wanting to waive their fundraising discount, prefer to opt out of all fundraising, you can pay the \$2000 in full at the time of please mark "Other" registration. Anyone not completing their fundraising requirements will be Full Member w/Assoc Member \$650 responsible to pay the difference between the discounted rate and the full rate Additional Full Member \$ 510 (\$1,350) at the end of the season. Full Member over 18 \$ 580 The total membership payment is due at the time of registration acceptance. If you Intro Member w/Assoc Member \$ 175 are unable to pay the total, an automatic interest free loan is possible for the discounted membership fee based upon the selected payment schedule below. **Adult Member** \$ 130 Professional / Out of Town Member \$ 75 Total Fees Due: All contracts less than \$150 must be paid in full at time of registration 2nd Club Member \$ 75 \$150 minimum deposit due at time of registration Other (must be approved by Board) Associate Member's Name: **Interest Free Loan Payment Schedule:** (circle one) Pay in Full 3 Payment Plan 5 Payment Plan **BENEFITS OF FULL MEMBERSHIP** By becoming a member of the club, you also become a member of US Figure Skating Association Regularly scheduled ice time - September 2023 thru May 2024. Permitted to skate both club ice sessions Eligible to compete in US Figure Skating sanctioned competitions. Eligible to take US Figure Skating tests Eligible for solo or feature in the Ice Show Awards Banquet - Recognition of achievements during the year and Awards for skating tests passed Monetary compensation for Qualifying Competitions Members understand that the exit of a member's coach constitutes no rights or benefits for cancellations of this contract nor alleviates the member from the financial or membership responsibilities of this club. **DROP IN CLUB ICE** Non-Members pay \$15.00 per session. Club Ice Stickers must be purchased in advance. Drop in only available if session is not full. **Financial Contract** The Mt. Clemens Figure Skating Club is under obligation to meet all of the standards of the U.S. figure Skating. Therefore: In order to remain a member in good standing of the MCFSC, I agree to meet all of my financial obligations to the MCFSC when due. I also understand that I will participate in all mandatory fundraisers or pay additional fees as determined by the MCFSC Board of Directors. The signer is aware that this contract is a legal document, with no cancellation clauses. All fees and balance must be paid in full and are non-refundable. All members must abide by the Skating Club By-Laws and policies provided with the acceptance of this application. Signature (Parent or Guardian if applicant is under 18 years of age) Date

Full Member (under age 18) includes Associate Membership \$650 Additional Family Member \$510 3rd Family Member \$410

Shall be eligible skaters who represent the MCFSC as their home club. This member shall receive all the benefits of the club. They are not eligible to vote or hold office. Each full member under the age of 18 must be accompanied by at least one associate membership.

\$150.00 non-refundable deposit is due at time of registration. You may also pay in full at time of registration. Balance can be paid in 3 payments due September 1, November 1, December 1, December 1, January 1. Skaters will not be allowed to skate on Club ice until payments are made.

Full Member (over age 18) \$580.00

Shall be eligible skaters who represent the MCFSC as their Home Club. This member shall receive all the benefits of the club. They are eligible to vote and hold office.

\$150.00 non-refundable deposit is due at time of registration. You may also pay in full at time of registration. Balance can be paid in 3 payments due September 1, November 1, November 1 and January 1 or 5 payments due September 1, October,1, November 1, December 1, January 1. Skaters will not be allowed to skate on Club ice until payments are made.

Associate Member - \$65

Shall be a member who has an active interest in the club but does not wish to skate. They shall be at least eighteen (18) years of age and represent the MCFSC as their home club. They shall be registered with US Figure Skating, have the right to vote and hold office. Must be paid in full at time of registration.

Adult Member - \$130.00

Shall be eligible skaters at least eighteen (18) years of age who represent the MCFSC as their home club. This member shall have the right to purchase drop-in ice, test, compete and will be invited to attend club functions. They have the right to vote, but not to hold office. Must be paid in full at time of registration.

Introductory Member - \$110.00

An introductory member may not have taken any USFSA tests at the Pre-preliminary level or above. Introductory member may not have been a previous member of the club. This membership shall include the following benefits of the club: they will be registered with US Figure Skating; they will be eligible to compete at any Basic Skill level and will be invited to club events. These members will have the option to purchase drop-in ice only. At any time if this member wishes to upgrade their membership to a full member, Introductory dues will be applied to a full membership. The remainder of the full membership balance will be due. This membership does not have the right to vote or hold office. An individual may only be an Introductory Member for one year, then the following year they must join as a Full Member. Must be paid in full at time of registration.

Professional Members - \$75.00

Must be a member of the Professional Skater's Association and show their proof of insurance. They will be allowed to test and will be invited to all club functions. These members will be allowed to teach on club ice without paying a commission. These members must maintain a contract with the Mount Clemens Ice Arena to receive their benefits. These members do not have the right to vote or hold office. Professional Members can choose to be a member of MCFSC or another club. Must be paid in full at time of registration.

2nd Club Members - \$75.00

Must be a member in good standing with another USFS figure skating club. 2nd club members shall have the right to purchase drop-in ice and to test without paying an out of club fee. They will receive no other benefits of the club. Must be paid in full at time of registration.

Out-of-town Member – \$75.00

Shall be a past full member of the club. This member shall represent the MCFSC as their home club. To be eligible for this membership, member must prove out-of-town status to the board for approval. These members will be eligible to compete and test. This member shall be able to purchase drop-in ice whenever they are in town. If out-of-town member is under the age of eighteen (18), they must be accompanied with an Associate member. This member does not hold the right to vote or hold office. Must be paid in full at time of registration.

Other – The Board of Directors may create and bestow such other membership upon such periods and under such conditions and with such privileges as the Board may determine from time to time. These memberships will need to be reevaluated and voted upon each year.

Mount Clemens Figure Skating Club Parental Medical Release and Waiver Form

l,	, do he	reby authorize any bo	ard member of the Mo	unt Clemens Figur	e Skating Club or Manager of
the Mount Clemens Ice Aren	a, to obtain whatev	er necessary medical	treatment that may be	deemed necessary	y for my minor child,
Clemens Ice Arena and Fitne					with my child at the Mount sponsored event.
Skater's Name:		Parent's Name:			
Address:					
Daytime Phone:					_
Date of Birth//					
In case of emergency, call:		Relation: _	Pho	one:	
My medical insurance inform	nation is:				
Name of Insurance Company	: :				
Policy Number:					
Policyholder's Name:					
Identification Number:					
Printed Name of Parent	Date		Signature of Witness	Date	
Signed Name of Parent	 Date				
		Waive	er Form		
In consideration of being allowed to agrees that:	participate in any and a	all MCFSC sponsored progra	ms, related events and activi	ties, the undersigned a	cknowledges, appreciates and
1) The risk of injury from the activiti and personal discipline may reduce THE NEGLIENCE OF THE RELEASEES, conditions for participation. If, how to the attention of the nearest instraction representatives and next of kin, HEF agencies, sponsors, advertisers and, DISABILTY, DEATH, or loss or damag LIABILITY AND ASSUMPTION OF RISIFREELY AND VOLUNTARILY WITHOUT	the risk, the risk of injur or others, and assume f ever, I observe any unus uctor, Board Member or REBY RELEASE AND HOLI if applicable, owners ar e to personal property, K AGREEMENT, FULLY U	y does exist and 2) KNOWIN full responsibility for my par sual significant hazard during Arena Manager immediate DHARMLESS THE MCFSC, thad lessors of the premises us WHETHER ARISING FROM T	IGLY AND FREELY ASSUME A ticipation; and 3) I willingly a g my presence or participation by; and 4) I, for myself and on eir officers, instructors, ager sed to conduct the event ("R HE NEGLIGENCE OF THE RELI	LL RISKS, both known all gree to comply with the on, I will remove myself in the behalf of my heirs and/or employees, calleasees"), WITH RESPEASEES OR OTHERWISE	nd unknown, EVEN IF ARISING FROM e stated and customary terms and f from participation and bring such s, assignees, personal other participants, sponsoring PECT TO ANY AND ALL INJURY, i, I HAVE READ THIS RELEASE OF
	Date:				
Participant's signature and date sigr					
FOR PARTICIPANTS OF MINORITY AG	GE (Under the age of 18	at the time of registration)			
	f kin, I release and agree	e to indemnify the "RELEASI			re of all of the "RELEASEES", and for child's involvement or participation
Particinant's signature and date sign	Date:				

This waiver is valid from July 1, 2023 – June 30, 2024