

**THE SKATING CLUB OF AMHERST APPLICATION FOR MEMBERSHIP  
JULY 1, 2011 THROUGH JUNE 30, 2012**

**FIRST FAMILY MEMBER:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ U.S. Figure Skating Member # \_\_\_\_\_

M \_\_\_ F \_\_\_ U.S. Citizen \_\_\_ Other \_\_\_\_\_

**ADDITIONAL SKATING MEMBERS OF SAME FAMILY:**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

M \_\_\_ F \_\_\_ U.S. Citizen \_\_\_ Other \_\_\_\_\_ USFSA# \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

M \_\_\_ F \_\_\_ U.S. Citizen \_\_\_ Other \_\_\_\_\_ USFSA# \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

M \_\_\_ F \_\_\_ U.S. Citizen \_\_\_ Other \_\_\_\_\_ USFSA# \_\_\_\_\_

**It is fully understood and agreed that the SC of Amherst assumes no responsibility or liability for injuries or the loss of property which might occur during club activities. In consideration of the acceptance of registration, the undersigned hereby waives any claims of cause and action which might occur to him/her against this club by reason of injuries or loss or damage to the property arising out of club activities.**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN OR SKATER OVER 18 YEARS OF AGE**

\_\_\_\_\_  
**DATE**

**MEMBERSHIP FEES:**

**SC OF AMHERST HOME CLUB MEMBERSHIP**

**First Family Member ----- \$ 65.00**

**Each Additional Member of Same Family ---- \$ 30.00**

**Membership Fees cannot  
be pro-rated or refunded.**

**ASSOCIATE MEMBERSHIP ----- \$ 45.00**

**Associate Members, please provide the name of your Home Club \_\_\_\_\_**

**TOTAL OF MEMBERSHIP FEES = \$ \_\_\_\_\_**

**Make checks payable to the Skating Club of Amherst, Inc.**

**Mail to Rita Leaman, 98 Tracy Circle, Amherst, MA 01002**

**Questions?? Call Rita Leaman at (413) 256-6744 or e-mail your questions to [info@scamherst.org](mailto:info@scamherst.org)**