

THE SKATING CLUB OF AMHERST APPLICATION FOR MEMBERSHIP
SPRING SESSION ONLY -- APRIL 1 THROUGH JUNE 30, 2010

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 ----- \$ 45.00

Each Additional Member of Same Family ----- \$ 20.00

**Membership Fees are
not refundable.**

ASSOCIATE MEMBERSHIP ----- \$ 25.00

Associate Members, please provide the name of your Home Club _____

TOTAL OF MEMBERSHIP FEES = \$ _____

Make checks payable to the Skating Club of Amherst, Inc. There is a \$10 returned check fee.

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

Questions?? Call Rita Leaman at (413) 253-6388 or e-mail your questions to info@scamherst.org