

THE SKATING CLUB OF AMHERST APPLICATION FOR MEMBERSHIP
3 MONTH MEMBERSHIP -- APRIL 1 THROUGH JUNE 30, 2018

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 are not refundable.

ASSOCIATE MEMBERSHIP ----- \$ 50.00

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 (413) 256-6744 or
 e-mail to info@scamherst.org

_____ ***Please check here if you prefer not to have your skater's photo used on our club website or in any of our club promotions.***

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