



Figure Skating Club of Bloomington Membership Application/Renewal Form
June 2010 - May 2011

Skater's Name _____ USFS Number _____

Address _____ City _____ State _____ ZIP _____

Gender _____ Birth Date _____ Primary Coach _____

HIGHEST TEST PASSED: Freestyle _____ Field Moves _____

PARENT OR GUARDIAN INFORMATION:

Mother's Name _____ Home # _____ Work # _____

Cell # _____ email _____

Name _____ Home # _____ Work # _____

Cell # _____ email _____

MEMBERSHIP OPTIONS:

- Home Club Membership \$95.00
- Junior Club Membership \$50.00
- Associate Membership \$65.00 (Fiscal Year) Associate Membership \$20.00 (Per Contract)
- Sustaining Membership (Non-Voting) \$40.00
- Collegiate Membership \$100.00 (Includes Club/USFS Membership for 4 years, copy of student ID required.)
- Additional Family Members) # _____ @ \$47.50 each Total \$ _____
(Attach a separate form for each additional member, specifying that fees were paid on first member's form.)

TOTAL AMOUNT ENCLOSED \$ _____ Please make checks payable to: **FSC of Bloomington**

Return to: FSC of Bloomington Office or mail to:

Bloomington Ice Garden – FSC of Bloomington Office
3600 West 98th Street
Bloomington, MN 55431

By signing this application, I understand that:

- I am responsible for payment for all sessions contracted and to be a "Member in Good Standing" that all Home Club members must contract at least one session per contract or purchase a prepaid coupon book for the equivalent value of one session. All outstanding invoices must be paid in full. (Please initial) _____
- I give my permission to have my skater's name, address and phone number printed in the FSC of BLOOMINGTON membership roster. (Please initial) _____
- I am aware that Home Club families are required to volunteer a minimum of 20 hours/year in order to support the organization or pay \$200.00. Volunteer vouchers or \$50.00 are required for each contract period. (Please initial) _____
- All club policies and procedures need to be followed, as described in the Member Handbook, available on the FSC of Bloomington website: www.fscbloomington.org (Please initial) _____
- The Figure Skating Club of Bloomington is not responsible for any injuries. I have reviewed and signed the Waiver & Release and Medical Emergency forms. (Please initial) _____

How did you hear about our club? _____

Parent/Guardian Signature _____ **Date** _____

Thank you for your interest in the Figure Skating Club of Bloomington!