



Membership Registration Form

Annual Period: July 1, 2018 – June 30, 2019



(Instructions)

[Click to Subscribe to Albany FSC E-mailing List](#)

(above button redirects to Albany FSC E-mailing List web page)

Last Name: , First Name: MI: USFS#:

Date of Birth (MM/DD/YYYY): / / Age: Female / Male US Citizen / Non US Citizen

1st E-mail: 2nd E-mail:

Mailing Address:

City: State: Zip Code: -

Home Phone: () - -

Cell Phone: () - -

Do not publish the above information in the USFS / LTS USA Directory

Parent(s) / Guardian(s):

Home Phone: () - -

Cell Phone: () - -

Albany Figure Skating Club / U.S. Figure Skating / Learn To Skate USA Membership Types and Fees:

- **Collegiate:** One-time four-year USFS membership for college student members.
- **First Family / Coach / Judge:** USFS Membership for individual or first family member.
- **Introductory:** First-time USFS membership.
- **Learn To Skate USA:** Required for LTS program participation.
- **Subsequent Family:** USFS Membership for additional family members in same household.
- **Subsequent Introductory:** First-time USFS membership for additional family members in same household.

Associate Home Club:

- \$25: Associate (member of another figure skating club)
- \$0: CDNY Synchro Team Associate
- \$75: Collegiate
- \$70: First Family / Coach / Judge
- \$40: Introductory

- \$25: Learn To Skate USA
- \$30: Subsequent Family / Subsequent Introductory
- \$0: AFSC Board Member (First Family)
- \$0: AFSC Board Member (Introductory)
- \$0: Board Member (Subsequent Family / Subsequent Intro)

AFSC / USFS Membership Fee (from above): \$

AFSC / Learn To Skate USA Membership Fee (from above): \$

Voluntary Donation: \$

Total: \$ Check#:

Do not process Albany FSC membership via EntryEeze web site.

(Make checks payable to Albany FSC. \$35 fee for returned checks.)

Enclose payment with all completed forms in #10 Business Envelope and Mail To:

Courtney Stapf
ATTN: AFSC Membership
14 Pleasant Street
Voorheesville, NY 12186-9723

Emergency Treatment Release

Last Name: , First Name: MI: USFS #:

Date of Birth (MM/DD/YYYY): / / Age: Female / Male

Emergency Contact Information:

Parent(s) / Guardian(s):

Home Phone: ()-- Cell Phone: ()--

Parent(s) / Guardian(s):

Home Phone: ()-- Cell Phone: ()--

Medical History:

Known Allergies:

Medications:

Last Tetanus Immunization Date (MM/DD/YYYY): / /

Primary Physician:

Physician Phone: ()--

Preferred Hospital(s):

I hereby authorize any physician and / or member of the Medical Staff of any hospital or emergency treatment center to render medical treatments which, in his / her judgment may be deemed necessary in the care of

Signature: _____ **Date:** _____

Signature of Parent / Guardian required if participant is under age of 18. Signature required for membership to be valid.

SafeSport Statement for Albany FSC Membership Renewal

Albany FSC is committed to creating a safe and positive environment for members' physical, emotional and social development and ensuring that it promotes an environment free of misconduct.

The following code of conduct applies to all participants in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating and Albany FSC including but not limited to competitions, exhibitions, training camps and local rink activities.

U.S. Figure Skating Member Code of Conduct GR 1.02

I recognize that my participation or my child's participation in all activities associated with, hosted, supported, sponsored or engaged in by U.S. Figure Skating and Albany FSC, including but not limited to competitions, exhibitions and training camps, is an honor and privilege that carries certain responsibilities. I agree to fully abide by the rules and guidelines set forth by U.S. Figure Skating or its properly designated agents. As a precondition to participation in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating, I will adhere to the following tenets in good faith:

- A) I will exhibit the highest standards of fairness, ethical behavior and genuine good sportsmanship in all of my relations with others.
- B) I will not damage public or private property. I understand that I may be held financially responsible for damage deemed to be wantonly or willfully executed on my part, and that I may be subject to disciplinary action by U.S. Figure Skating.
- C) I will not use or possess illegal drugs, and I will not engage in criminal activity. I understand that, if I am found to use or possess illegal drugs, or if I am found to engage in any criminal activity during any activity hosted, supported, sponsored or engaged in by U.S. Figure Skating, I may be subject to criminal penalties as well as penalties imposed by U.S. Figure Skating.
- D) I will adhere to the rules of U.S. Figure Skating and the host organization at all activities hosted, supported, sponsored or engaged in by U.S. Figure Skating.
- E) I will comply with all applicable anti-doping rules including, but not limited to, ISU and USADA anti-doping rules.
- F) I will conduct myself in a manner not detrimental to the welfare of figure skating. I understand that my actions reflect on U.S. Figure Skating and the sport of figure skating both positively and negatively. I understand that if my acts, statements, or conduct are considered detrimental to the welfare of figure skating by the appropriate authority, I may be subject to penalties imposed by U.S. Figure Skating pursuant to GR 1.04.
- G) I understand that the penalties that may be imposed may include, but are not limited to, loss of future international selections, loss of financial support from U.S. Figure Skating and its Memorial Fund, and loss of participation in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating.
- H) I understand that all disciplinary proceedings will be conducted pursuant to Article XXV, Section 3, of the U.S. Figure Skating bylaws, and that my rights and remedies are derived therefrom.

GR 1.03 U.S.: Figure Skating will not tolerate or condone any form of harassment (including sexual harassment), misconduct, (including sexual, physical and emotional misconduct), bullying or hazing of any of its members including coaches, officials, directors, employees, parents, athletes and volunteers — or any other persons — while they are participating in or preparing for a figure skating activity or event conducted under the auspices of U.S. Figure Skating.

Waiver Of Liability

In consideration of your permitting to participate in the Albany Figure Skating Club for any purpose whatsoever I hereby covenant and agree with the Albany Figure Skating Club, the Albany County Hockey Facility, the Albany Academy Ice Rink, any other Local Area Skating Facility or the YMCA, the owners, officers, agents, employees, and all persons engaged as instructors or administrators in any programs in which I / he / she may be a participant, to indemnify and hold harmless each and every one of them from and against all claims, liability, loss cost, damages, and expenses which may arise out of or in connection with the use by me / him / her of such facilities. Including without limitations, all claims I / he / she might have for personal injury or property damage to him / her or so arising.

I understand that skating is a participation sport and I am fully aware of the risks and hazards in or arising from my use or presence upon the facilities. I fully accept all such risks and assume responsibility for losses, costs and damages I and / or my minor child incur as a result of participation in the activity.

I understand that I must carry and maintain my own personal medical insurance throughout the time of participation. I also give consent to receive first aid and emergency transport to the nearest medical facility.

I hereby give my consent to Albany Figure Skating Club for the collection and use of personal information and / or photographs of my child / children for marketing purposes.

I acknowledge I have read this Emergency Treatment Release, SafeSport Statement, U.S. Figure Skating Code of Conduct, Waiver of Liability, assumption of risk and indemnity and fully understand them.

Signature: _____ **Date:** _____
Signature of Parent / Guardian required if participant is under age of 18. Signature required for membership to be valid.