

Application for Membership in the SVFSC

Each applicant must complete an *Application for Membership*, a *Volunteer Sheet*, and a *Medical Release*. You may print these documents and fill them out, or open them in Microsoft Word and fill them in and then print them out.

Complete the *Application for Membership*, *Volunteer Sheet*, and *Medical Release* and send them with the appropriate dues (make checks payable to “SVFSC”):

SVFSC
Post Office Box 351
Sun Valley, Idaho 83353
Phone 208-622-8020
Fax 208-622-8020
Email info@sunvalleyfsc.com

Membership Classifications

- Dues in the SVFSC and the USFSA are for the **year beginning July 1st and ending June 30th of the next year. Fees are not pro-rated.**

Senior Membership

Shall be at least 18 years of age. They shall have the right to vote, hold office and enjoy all the privileges of the club and USFSA.

Dues \$75.00/year

Junior Membership

The skater shall be under 18 years of age, A Junior Family Membership shall have the right to skate in all the club's activities and enjoy all the privileges of USFSA.

Dues \$75/year for first family member, \$50/year for each additional family member

Professional Membership

Shall be persons who are professionals (ineligible) in figure skating. They shall have the right to vote and enjoy all the privileges of the club(except not be permitted to hold office) and the USFSA.

Dues \$75/year

Associate Membership

Shall be home club members of another USFS club. They shall have all privileges except that of voting and holding office. They will not represent the SVFSC in competitions or other USFSA activities. The skater will need permission from their home club to participate in shows and tests at the SVFSC.

Dues are \$40/year

Sun Valley Figure Skating Club Membership Application

APPLICATION FOR MEMBERSHIP – SVFSC

PRIMARY MEMBER		US FIGURE SKATING REGISTRATION INFO	
Name – First, Middle Initial, Last	Birth date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address – Street, City, State, Zip	USFSA # (if you have been a member previously)		
Home Phone	Work Phone		
Email	Cell Phone		
	Primary Coach		
ADDITIONAL FAMILY MEMBERS			
If more than one address, separate forms must be used.			
Name – First, Middle Initial, Last	Birth date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – First, Middle Initial, Last	Birth date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – First, Middle Initial, Last	Birth date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – First, Middle Initial, Last	Birth date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF MEMBERSHIP			
	Junior (17 or younger)		Honorary Life Member Associate (list home club)
	Senior (18 and older)		
	Professional	Home Club	
MEMBERSHIP DUES		2007 RULEBOOK & DIRECTORY ORDERS	
\$75	Senior Member	\$20	2007 Rulebook & Directory 2007 Directory Only 2007 Rulebook on CD Binder for Rulebook Total Rulebook & Directory Orders
\$75	Junior Family - Primary Mem.	\$10	
\$50 Additional Family Mem.	\$12	
\$75	Professional	\$8	
\$40	Associate		
	Total Membership Dues		
CHECKS PAYABLE TO “SVFSC”			

ALL MEMBERS RECEIVE THE FOLLOWING BENEFITS:

- US Figure Skating Membership, including “Skating” Magazine for the first family member
- Ability to participate in club sanctioned events, such as ice shows, exhibitions, critiques, USFS competitions, etc
- Opportunity to purchase Club-related Merchandise

I hereby apply for membership in the Sun Valley Figure Skating Club, Inc (“SVFSC”). For and in consideration of the acceptance by the SVFSC of my application for membership, I hereby waive any right to claim damages against the Club, its officers, directors, employees, and members, and release and all of them from any liability which may arise out of my membership therein.

I hereby agree to abide by the bylaws and rules of the SVFSC and the US Figure Skating Association and to use common skating etiquette whenever I skate and/or represent the SVFSC.

The SVFSC also requires that competitive members of the SVFSC must be a full time resident of Blaine County and/ or be enrolled in a Blaine County school, or as approved by the Board of Directors.

The SVFSC requires that each member support club activities. Please review and return the **Volunteer Sheet** with your application.

The club reserves the right to refuse or cancel any membership.

Member Signature (date)

Parent of Legal Guardian’s Signature (date)
(if member(s) is under 18 years of age)

Updated April 2007
Membership year July 1, 2007 – June 30, 2008

SVFSC
P.O. Box 351
Sun Valley, ID 83353

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SUN VALLEY FIGURE SKATING CLUB -- VOLUNTEER SHEET

Be involved! Every youth sports organization needs enthusiastic involvement from members and member supporters (parents) to be successful volunteering your time not only helps the club, but it's an enjoyable way to meet other individuals and make new friends. For more information about volunteering, contact Holly Wheeler at info@sunvalleyfsc.com.

First Name:	Last Name:		
Street Address:			
City:		State:	Zip:
Home Phone:		Alternate Phone:	
Email Address:			
Parent/Guardian (if under 18):			

In order to be eligible for the Competitors Reimbursement Program a Parent must participate in 2 (two) volunteer activities each year, for a minimum of 10 (ten) hours per year to receive financial reimbursement.

Please check areas in which you would be willing to support your home club. A board member may contact you to request your assistance as needed throughout the year.

Annual Competitions:

- Ice Monitor
- Practice Ice Monitor
- Announcing
- Hospitality – donating & organizing food
- Registration Desk
- Set up (tents, tables, signs, etc)
- Accounting Room (assisting in proofing)
- Snack Bar
- Awards
- Competitor Gift Bags
- Housing (Do you know of a home or condo we can use or pay a discounted rate?)

Annual Ice Show

- Back Stage Monitor
- Set & Prop Design
- Costume Coordination
- Publicity
- Snack Bar
- On Ice Seating Set Up
- Music/Announcing
- Dressing Rooms
- Ticket Sales
- Communication Committee

Annual "Fashions on Ice" Fundraiser:

- Solicit Gifts for Private Auction
- Hospitality
- Set ups (tents, tables, signs, etc)
- Set up of Silent Auction Items
- Show Production
- Publicity
- Writing Bid Sheets

General

- Help with mailings
- Annual Awards Dinner
- Holiday Party
- Hospitality – test sessions
- General Volunteers (on an as needed basis)

RELEASE OF LIABILITY/MEDICAL CONSENT AND INFORMATION

RELEASE OF LIABILITY: I, _____, as an individual and if signing for a minor, as a parent or legal guardian on behalf on that minor, understand that I or the minor may be injured on our property, may be damaged in connection with my and/or my child’s and/or my ward’s involvement with SUN VALLEY FIGURE SKATING CLUB, INC., an Idaho nonprofit corporation (“SVFSC”). I and/or the minor in consideration for SVFSC allowing me and/or the minor to participate in programs or services provided by the SVFSC take all responsibility for any and all risks. I and/or for the minor and other parent of the minor or all other guardians, our heirs, representatives and/or dependants, hereby waive, release, agree to hold harmless, will defend and indemnify from any and all claims now or in the future SVFSC, any of its directors, officers, employees, volunteers, independent contractors, agents and/or representatives of any kind from any and all claims that may occur or arise in connection with my participation and/or the participation of the minor, in any and all programs and/or services offered by the SVFSC. The term “claims” shall include, but not be limited to any and all costs, damages, demands, expenses, losses, liabilities, judgments, awards, obligations and recoveries for personal injury and/or property damage. I understand the content of this document. I am freely giving up rights that I, the minor and another parent or guardian have. If I am signing this agreement on behalf of a minor, I represent and warrant that I have full authority to sign as the minor’s parent or guardian.

CONSENT TO MEDICAL TREATMENT and MEDICAL INSURANCE. Parents or guardians consents to SVFSC obtaining medical or dental treatment in the event a minor needs medical or dental care, in SVFSC’s sole discretion. SCFSC shall attempt to contact the parents or guardians at the following telephone numbers:

Mother’s/Guardian’s Home Phone _____ Father’s Home Phone _____
Mother’s/Guardian’s Work Phone _____ Father’s Work Phone _____
Mother’s/Guardian’s Cell Phone _____ Father’s Cell Phone _____
Mother’s/Guardian’s Fax _____ Father’s Fax _____
Mother’s Guardian’s Email _____ Father’s Email _____

SVFSC shall attempt to contact the following physician:

Dr. _____ Phone _____
Or
Dr. _____ Phone _____

Check if family has no family physician OR no physician preference

Prior to minor's eligibility for participation with SVFSC, parents or guardians shall acquire and maintain a policy of health and accident insurance for minor providing major medical health insurance coverage for minor. Parents or guardians acknowledges and agrees that the following information about the health and accident insurance in place for minor is true and complete and that the policy will remain in full force and effect.

HEALTH INSURANCE COVERAGE – (required to participate)

Insurance Company _____

Ins. Co. Address _____

Ins. Co. Phone _____

Group No _____ Policy No _____ Identification No _____

MEDICAL HISTORY (Be sure to include pertinent medical information and list any medications currently being taken by a minor)

Allergies _____

Medication _____

Other Pertinent Medical Information of which SVFSC should be aware:

Participant over the age of 18 years (date)

If participant is younger than 18 years of age, then both parents and all guardians must sign:

Parent or Guardian (date) Print name of minor child or ward

Parent or Guardian (date)

