

NEW MEMBER
 RENEWING MEMBER

APPLICANT NAME:

LAST

FIRST

IF STUDENT: GRADE LEVEL ENTERING THIS FALL

ADDRESS:

STREET

CITY

STATE

ZIP

PARENT/GUARDIAN

BIRTHDATE:

E-MAIL:

SEX: F M

MM/DD/YY

E-MAIL ADDRESS FOR IMPORTANT CLUB NOTIFICATIONS

PARENT/GUARDIAN NAME:

IF APPLICANT IS UNDER 18

LAST

FIRST

PHONE: () () () ()

WORK

HOME

FAX

CELL

PLEASE CHECK THIS BOX IF YOU DO NOT WANT YOUR CONTACT INFORMATION PUBLISHED IN THE CLUB DIRECTORY

PLEASE USE ONE FORM FOR EACH MEMBERSHIP

*Select
Membership
Type:*

FULL MEMBER USFSA # _____ **\$95.00**

Entitles member to all rights & privileges of USFSA/SSC Membership (Home Club)

Benefits include: USFSA Membership, One-year subscription to *Skating Magazine* (official publication of U.S. Figure Skating) & *The Inside Edge* (Club e-Newsletter), Voting Privileges, Representation at USFSA Governing Council, Eligibility to Test & Compete at USFSA Sanctioned Test Sessions & Competitions, Priority Testing, Priority Seminar/Clinic Registration, Special "Members Only" Pricing for Club Events & Seminars (when applicable), Priority Lessons w/ SSC-Sponsored Guest Professionals, Periodic E-Mail Reminders/Updates, Club Membership Directory & Free Admission to Annual Awards Banquet.

SUBSEQUENT FAMILY MEMBER USFSA # _____ FULL MEMBER NAME _____ **\$45.00**

Entitles member to all rights & privileges of USFSA/SSC Membership (Home Club)

Benefits include: All benefits of Full Membership as noted above. Only 1 subscription of *Skating Magazine* per household.

PROFESSIONAL MEMBER USFSA # _____ ISI PRO # _____ **\$75.00**

PSA # _____ PSA RATING(S) /OTHER CERTIFICATIONS _____

Entitles member to all rights & privileges of USFSA/SSC Membership (Home Club)

Benefits include: All benefits of Full Membership as noted above plus the following: Authorization to teach on club ice sessions & exemption from Volunteer Hours Obligation. A Hospitality donation is required at the Winter Invitational

ASSOCIATE MEMBER USFSA # _____ PROFESSIONALS - ISI PRO # _____ **\$50.00**

PSA # _____ PSA RATING(S) /OTHER CERTIFICATIONS _____

Does NOT include USFSA Membership. NAME OF HOME CLUB: _____

Benefits include: Second-Priority and partially-reduced fees at SSC sponsored Clinics and Test Sessions. No voting privileges. Exemption from Volunteer Hours Obligation. Professionals—Authorization to teach on club ice sessions. *Applicant may register as an Associate Member only after designating another USFSA club as "Home Club".*

PRIMARY ACTIVITY (Choose one):

U.S. Figure Skating Official/Officer

Competitive Skater

Recreational Skater

Parent/Guardian

Club Board Member/Volunteer

Coach

Other

CHECK ANY OTHERS (excluding primary) THAT APPLY:

Collegiate

Parent/Guardian

Competitive Skater

Coach

U.S. Figure Skating Official/Officer

Adult Skater

Synchro

Recreational Skater

Club Board Member/Volunteer

ELIGIBILITY STATUS (Choose one):

(See eligibility rules)

Eligible

Ineligible

Restricted

USA CITIZEN: Yes No

HAVE YOU EVER HELD A USFSA MEMBERSHIP? Yes No

IF YES, NAME OF HOME CLUB: _____

DATES OF MEMBERSHIP: _____

MEMBERSHIP AGREEMENT

All *Home Club* memberships offered by Southport Skating Club (excluding Professional) require seven (7) hours of volunteer service per membership at the Annual Winter Invitational (club-sponsored competition). *Volunteer Hours must be fulfilled by an adult or member 16 years of age or older.* I understand my responsibility to the club and agree to volunteer my time. If, for any reason, I am unable or unwilling to fulfill this time commitment, I reserve the right to pay the assessed \$140.00 *Opt-Out Fee* to release myself of my obligation.

As a (parent/guardian of a) member of the club, I agree to hold harmless Southport Skating Club, its Officers, Directors & representatives from liability for loss, damage and/or injury of any manner arising while participating (or while my child participates) in club activities.

I acknowledge that all club and/or USFSA privileges may be suspended (1) for violation of club or USFSA rules; (2) if financial obligations to the club are not timely paid (as per the 2010 Official USFSA Rulebook); and that I shall pay \$25.00 for any check returned "NSF".

I also, hereby, grant Southport Skating Club permission to publish the aforementioned member's name and/or likeness in/on the club's newsletters, membership directory, web site, press releases, award plaques & bulletin boards.

Submission of this membership application and required fees constitutes full acceptance of all membership terms and agreements.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN (IF APPLICANT IS UNDER 18)

DATE

Make checks payable to SSC ~ Mail with appropriate fees to:

**SOUTHPORT SKATING CLUB
P.O. BOX 8792
GURNEE, IL 60031**