

Emerald Ice Figure Skating Club

Membership Application for July 1, 2023 to June 30, 2024



Skater's Name	Learn to Skate# USFSA#	Birth Date	Age	M/F	Skating Level

Home Address: _____
Street
City
Zip

Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

ANNUAL REGISTRATION AND COSTUME FEES

Level	# in Level	Cost – GREENWAY Tax District	Cost – OUTSIDE Greenway Tax District	Total
Tiny Tots (Beginner, Ages 3 and potty trained)		\$60	\$100	
Basic 1-Freeskate		\$75	\$130	
Basics + One		\$110	\$180	
Junior Club (Must be in Basic 4 or Higher)		\$150	\$280	
Senior Club (Passed first three USFSA Tests)		\$160	\$300	
Costume (If not in show, not required)		\$70	\$70	
Late Fee, registration after 10-13-23		\$50	\$50	
Fundraising fee		\$50	\$50	
TOTAL				

Checks Payable to: EIFSC (Emerald Ice Figure Skating Club)

Payment plans available; \$5.00 fee added for PayPal transactions.

Name of parent/guardian for under age 18 Skaters: _____

Parent/Guardian Signature (if minor) or Skater (if adult): _____

Mail application and check to:

EIFSC
P.O. Box 664
Coleraine, MN 55722

WAIVER (2023-2024 Skating Season)

Skater's Name (s): _____

Parent/Guardian Name: _____

Preferred Method of contact: (change in ice time, updates to calendar, special announcements - **Check all that apply**)

Email: _____

Text/REMIND: _____

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in Greenway Emerald Ice Figure Skating Club activities, I represent that I understand the nature of figure skating activities and that I am qualified, in good health and in proper physical condition to participate in such activity. I fully understand that this activity involves risks of serious bodily injury, which may be caused by my own actions, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, and covenant not to sue the Greenway Emerald Ice Figure Skating Club, United States Figure Skating, its directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The Greenway Emerald Ice Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Greenway Emerald Ice Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Skater _____ Date _____

Signature of Parent/Guardian _____ Date _____

Consent for Medical Attention or Treatment

I hereby give my consent of emergency care treatment of my son/daughter _____, to the Greenway Emerald Ice Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Greenway Emerald Ice Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. This Consent for Medical Attention shall be binding and effective for the 2023-2024 membership year of Greenway Emerald Ice Figure Skating Club.

Signature of Parent/Guardian _____ Date _____

Public Relations Release

Permission is hereby given to the Greenway Emerald Ice Figure Skating Club, Staff and Volunteers to photograph my child during ice times or skating related events for the following purposes: Emerald Ice website, bulletin boards and public relations.

Signature of Parent/Guardian _____ Date _____

Checks payable to: **EIFSC** (Emerald Ice Figure Skating Club) and mailed along with registration forms to:
P.O. Box 664, Coleraine, MN 55722