

ST PETERS FIGURE SKATING ASSOCIATION

2011 - 12 MEMBERSHIP APPLICATION

Membership for July 1, 2011 through June 30, 2012



Name - List all skaters and a parent/guardian if the skater is under 18 years of age	Skater? (Circle one)	USFS #	Age	Date of Birth	Gender (M/F)	U.S. Citizen?	What type of skater/member are you? Check all that apply.	Parent	Coach	Competitive Skater	Recreational Skater	Collegiate Skater	Synchro Team	Name of Private Coach
1	Y N													
2	Y N													
3	Y N													
4	Y N													
5	Y N													

Definition for type of skater

Competitive - You currently compete in any activity, i.e. local competitions, showcase, basic skills, qualifying competitions, etc.

Recreational - You skate purely for fun and/or testing; you do not compete.

Mailing Address			
City		State	Zip
Telephone #'s:	Home:	Parent Cell:	skater Cell:
Email Address:		Email Address Skater:	

<input type="checkbox"/>	<p><i>Check here if you DO NOT want your information listed in a club directory. If you check this box, your name will be listed without any other information.</i></p>
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Membership Fee Schedule - <u>Please check all memberships desired and enter the amount due</u>	Full Payment (due by 6/30/11)	Amount Due
<input type="checkbox"/> SPFSA membership for parent and 1 skater or individual (Home Club)	42.00	_____
<input type="checkbox"/> SPFSA family membership for parent and more than 1 skater (Home Club)	47.00	_____
<input type="checkbox"/> Associate SPFSA membership	37.00	_____
List Home Club _____ Provide copy of USFS card _____		
<input checked="" type="checkbox"/> Volunteer Commitment Fee - Required for all members except coaches	75.00	75.00
<input type="checkbox"/> Volunteer Commitment Credit - See credit amount on bulletin board		(_____)
<input type="checkbox"/> USFS* membership JR for 1 skater & parent	70.00	_____
Each additional skater _____ X \$20.00 = Enter in amount due _____		
<input type="checkbox"/> USFS Collegiate Membership	70.00	_____
<input type="checkbox"/> USFS* membership SR for 1 skater age 19 and over	50.00	_____
<input checked="" type="checkbox"/> Hospitality Fee	10.00	10.00

FOR CLUB USE ONLY	
Check # _____	
Amount _____	
Date _____	
_____ Roster Updated	
_____ USFS Updated	
_____ Treasurer	

TOTAL DUE SPFSA - MAKE CHECKS PAYABLE TO SPFSA \$ _____

*Please note: A skater must be a member of both SPFSA and USFS to test in the USFS system.

Members of SPFSA are required to volunteer at least 15 hours per club year (per family). Volunteering includes competitions, test sessions, board positions/meetings, food donations when requested and any other volunteer opportunities requested by the board of SPFSA. If you meet your goal of 15 volunteer hours per club year, your volunteer commitment fee will be credited to the next years volunteer commitment. Please note: The amount of volunteer hours and deposit amount may change next year. If you do not meet your volunteer commitment, the remainder of the volunteer fee will be retained by the club (SPFSA).

Each time you volunteer, please remember to turn in a volunteer report form so that your hours may be accounted for. If you are donating a food item, you will be advised as to the quantity necessary to equal one hour.

PLEASE READ CAREFULLY AND SIGN:

The undersigned hereby applies for membership in the St. Peters Figure Skating Association on behalf of those persons listed on the 2011-2012 Membership Application. The undersigned, on behalf of themselves and each of the persons listed in the Membership Application, hereby

1. agrees to abide by all club rules and bylaws.
2. releases and agrees to hold harmless the St. Peters Figure Skating Association, St. Peters Rec Plex and each of its officers, members of its Board of Directors, and members, from all claims, demands, actions or causes of action arising from or as a result of any injuries to persons, or damage or loss of property, whatsoever, occurring during Club ice sessions, Club activities, or at any other time.
3. understands that membership in the St. Peters Figure Skating Association will require volunteer hours during the club year. You will be required to participate/contribute in club fundraisers as requested.

Signature of parent/legal guardian or member if over 18 years of age

Date

PLEASE RETURN THIS COMPLETED APPLICATION ALONG WITH YOUR CHECK PAYABLE TO SPFSA TO YOUR TEAM MANAGER, SPFSA BOX AT THE REC PLEX OR MAIL TO: SPFSA, C/O SUSAN WYLIE, 11 CHANDLER HILL COURT, ST. PETERS, MO 63376