

Figure Skating Club of Southern Maryland

Membership Packet: 2014-2015 Skating Year

Dear Figure Skating Club of Southern Maryland Members,

The membership year for U.S. Figure Skating and the Figure Skating Club of Southern Maryland (FSCSM) is July 1 through June 30. In order to process your application in a timely manner and to ensure that your membership becomes effective July 1, it is important that you complete this packet as soon as possible, especially if you are planning on competing or testing this summer. Please plan accordingly. Remember that your membership with FSCSM includes your membership in U.S. Figure Skating (USFS) and a subscription to Skating Magazine.

Currently FSCSM is in Provisional Status with USFS. Included in this packet are the forms that need to be completed and returned prior to your membership becoming effective. Each family member will need to fill out a separate form. These forms are necessary due to insurance, liability, and U.S. Figure Skating and Board requirements.

The required forms are:

- Application Form
- Waiver Form
- Code of Conduct Agreement
- Volunteer Form

All forms and payment (money order or check payable to FSCSM) must be mailed to:

FSCSM
P.O. Box 464
Waldorf, MD 20604

If you have any questions, please e-mail: fscsouthernmaryland@gmail.com.

Thank you for your interest in Figure Skating Club of Southern Maryland. We are looking forward to a great skating season and hope to see you all at the rink.

FSCSM Board Members
www.fscsm.org

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Application Instructions

Complete all information on this Membership Application (all fields are required), sign the Waiver and Code of Conduct, and complete the Volunteer Form. All forms are required for membership.

Forms and payment (check or money order made payable to FSCSM) must be mailed to the following address. Please do not mail cash.

FSC of Southern Maryland
P.O. Box 464
Waldorf, MD 20604

U.S. Figure Skating will mail your new membership card directly to you at the address listed below. It may take a few months to receive your membership card.

If you have any questions, you may e-mail the Membership Chair at:
fscsouthernmaryland@gmail.com.

Below are the levels of membership and their descriptions:

Type	Description & Benefits	Cost
Home Club	First family member under 18 plus 1 parent/guardian, Skating Magazine, testing, adult has 1 vote, FSCSM is the Primary Club. Includes access to FSCSM exclusive ice time.	\$75
Additional Skating	For additional skating family members under 18. Includes testing and includes access to FSCSM exclusive ice time. FSCSM is the Primary Club.	\$25
Secondary	For skaters who already have a primary club, includes testing privileges. No voting privileges. Includes access to FSCSM exclusive ice time.	\$50
Collegiate	Four year membership for students 18 and older who are enrolled in an undergraduate or graduate program, only available once, Skating magazine, testing, 1 vote, FSCSM is the Primary Club. Must provide proof of college attendance with application.	\$120
Basic Skater	No voting or testing privileges.	\$25
Coach	This includes Home Club membership (see above). Please ensure your compliance with USFS.	\$50

Please note: voting refers to voting at FSCSM meetings and testing privileges refer to FSCSM-sponsored USFS test sessions.



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Application Form

Application Date: (MM/DD/YYYY)

Membership Type:

New Renewal

Applicant Name:

Applicant Date of Birth: (MM/DD/YYYY)

Sex:

Male Female

Parent/Guardian Name: (For minors.)

Parent/Guardian Date of Birth: (MM/DD/YYYY)

Sex:

Male Female

Street Address:

City:

State:

Zip:

Home Phone:

Work/Cell Phone:

E-mail:

Current U.S. Figure Skating Number:

Expected Year of Graduation:

Primary Skating Activity: (Choose all that apply.)

Competitive Skater Parent or Guardian Coach
Recreational Skater

Membership Type: (Check only 1 membership type. Please use a separate form for each member.)

Home Club (\$75) Additional Skating (\$25) Secondary (\$50)
Collegiate (\$120) Basic (\$25) Coach (\$50)

Release:

Figure Skating Club of Southern Maryland and its Officers and Directors undertake no responsibility for damages or injuries sustained by a skater on Club skating session, test session, or during a Club activity. As a condition of, and in consideration of acceptance of membership, I/we, (if under 18, parents and/or guardian), agree to assume all risks of injury to my/our person and property and therefore waive and release any and all claims against FSCSM, its Officers, Directors or Members.

Applicant Signature: *(Parent or Guardian if skater is under 18)*

Date:

Photo Release:

I give the FSCSM permission to use my child's photographic image for any public relations, publicity, or fundraising purposes.

Applicant Signature: *(Parent or Guardian if skater is under 18)*

Date:



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Waiver Form

Skater's Name:

Parent/Guardian:

Address:

Phone:

Emergency Contact:

(other than parent)

Address:

Phone:

Applicant has the following health problem or disability:

FSCSM Waiver, Release, and Disclaimer of Liability and Indemnification Agreement:

I, the undersigned, acknowledge and agree that I use the Capital Clubhouse Skating Rink at my sole risk and that the FSCSM, and its servants, agents, employees and officials, including the directors of the FSCSM, shall not be liable to me for any claims, demands, injuries, damages, actions, or causes of action whatsoever, to my person or property arising out of or in connection with my use of or presence at the Capital Clubhouse Skating Rink and/or any services or programs offered at the Clubhouse Skating Rink, whether offered by the Clubhouse Skating Rink or by a third party. Further, I do expressly hereby forever waive, release and discharge the FSCSM, and its servants, agents, employees, and officials, including the directors of the FSCSM, from all claims, demands, liabilities, injuries, damages, actions, or courses of action, by me and from all acts of active or possible negligence on the part of the Clubhouse Skating Rink, and/or its servants, agents or employees, including the directors of the FSCSM, against me, arising out of or in connection with my use of or presence at the Clubhouse Skating Rink or participation in any services or programs offered at the Clubhouse Skating Rink, whether offered by the FSCSM or by a third party. I further agree that I will indemnify and hold the FSCSM, and its servants, agents, employees and officials, including the directors of the FSCSM, harmless from and against any and all claims, demands, liabilities, injuries, damages, loss, expense, actions, or property damage or personal injury sustained by myself or third persons as a consequence of the negligence or willful misconduct or alleged negligence or willful misconduct in the use of or presence at the Clubhouse Skating Rink and/or participation in any services or programs offered at the Clubhouse Skating Rink by myself or my minor child.

Consent for Participation

I hereby grant permission for my child to participate in the activities of the Figure Skating Club of Southern Maryland and certify that my child is physically capable of participating in those activities. I understand that the Club, its officers, members, professionals, coaches and agents assume no responsibility for injuries incurred during the participation in Club Activities. As in any athletic program, I realize that the possibility of injury exists. I understand that reasonable precautions will be made to prevent injuries from happening. I understand that my picture may be used in club publications, advertisements and promotion in print or on the club web page. I further understand that it is my responsibility to notify the club in writing if I want to revoke or restrict my permission to use my photograph.

Authorization for Medical Treatment

I authorize the FSCSM through its professionals and supervising officers or agents to secure medical care and treatment for me/my child which may be medically necessary in the event of illness or injury during participation in Club activities.

Release Liability

I recognize that neither rink staff nor FSCSM officers, board members, professionals, coaches and agents are responsible for my child before, after or during Club Activities. I assume responsibility for picking up my child immediately after any Club activity. In recognition of the fact that I/my child may be injured during Club activities, I expressly assume the risk of such injury. I release and discharge the FSCSM, its officers, members, professionals, coaches and agents from any and all claims and damages for personal injury and/or property damage which may arise from or out of my/my child's participation in club activities, including but not limited to instruction, use of ice, and participation in ice shows, both on the ice and off.

Consent to Abide by Rules and Regulations

I hereby agree to abide by the bylaws of the FSCSM and to observe the Code of Conduct, rules, policies of the FSCSM, and to observe ice etiquette and courtesy at all times. I also agree to observe all rules, policies, and procedures of the United Figure Skating Association and any rules of the Clubhouse Skating Rink and/or Tucker Road Skating Rink during Club sessions at the rink. I understand that failure to abide by these rules may result in loss of membership.

Signature of Member (Parent/Guardian if skater is under 18)

Date



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Code of Conduct Agreement

FSCSM 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.

By signing below I hereby agree that:

1. I will encourage good sportsmanship by my actions, demonstrating positive support for all skaters, coaches, and officials at every practice, competition and test session.
2. I will place the emotional and physical well-being of my child and others ahead of my desire to win.
3. I will encourage my child to skate in a safe and healthy environment by maintaining a respectful and courteous attitude to others.
4. I will promptly inform my child's coach of any physical/mental disability or challenge affecting my child that may affect the safety of my child or others.
5. I will teach my child that doing his/her best is more important than winning.
6. I will do my best not to ridicule, bully, blame, or yell at my child or other skaters, coaches, officials or volunteers in response to a poor performance or for any other reason.
7. I will do my best to make skating fun at all times and will remember that my child participates in sports for his/her own enjoyment and satisfaction.
8. I will teach my child to treat other skaters, coaches, fans, volunteers, officials, and rink staff with respect, regardless of race, creed, color, sexual orientation or ability. I will also take action and report any acts of bullying, harassment or abuse to the appropriate authorities.
9. I will applaud any effort in both victory and defeat emphasizing positive accomplishments and learning from mistakes.
10. I will teach my child to resolve conflicts calmly and peacefully without resorting to hostility or violence.
11. I will be a positive role model for my child and others.
12. I will demand a figure skating environment for my child that is free of drug or alcohol abuse and agree that I will not use or provide to a third-party any illegal drug prohibited by applicable federal, state, or municipal law.
13. I will not assist or condone any athlete's use of a banned substance as described by the International Olympic Committee, International Skating Union, United States Olympic Committee, or U.S. Figure Skating, or, in case of athletes, to use such drugs or refuse to submit to properly conducted drug tests administered by one of these organizations.
14. I will expect my child's coach to be in compliance with all requirements of U.S. Figure Skating and the Professional Skaters Association, to continue their education and training through programs offered by U.S. Figure Skating, the Professional Skaters Association and other accredited organizations.

15. I will respect my child's coach and refrain from "side line" coaching my child or other skaters.

16. I agree to educate myself regarding the proper procedures to follow when establishing or terminating the coaching relationship and refrain from third-party solicitation as outlined on the PSA website.

17. I will respect the decisions of officials, their authority and decisions during competitions and test sessions and teach my child to do the same.

18. I will show appreciation and recognize the importance of volunteers and club officials. I will fulfill my responsibility to help my club with membership, special projects, competitions, and test sessions.

19. I will become familiar with the rules of the U.S. Figure Skating and teach my child accordingly.

20. I will support and respect all skaters and their right to participate.

Member Signature

Date

Parent/Guardian Signature *(if member is under 18)*

Date



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Volunteer Form

In order for our Club to work, each family is encouraged to volunteer during the skating year to help with the Club activities. Without volunteers, many of activities are not possible. Most people find it interesting and fun to get involved with the Club. We request that each family volunteer for one activity listed in addition to one activity listed under Competition. Please place a check next to the activities you are willing to help with. Your name will then be added to a list of members to be called.

Volunteer Activities: *(check all that apply)*

CHECK-IN MONITOR: A list is provided of members who have signed up for appropriate ice time, you would be responsible for checking off names, listing those who are walk-ons and collecting appropriate walk-on fee

ADMINISTRATIVE

PHONE TREE: Assist in calling club members in the event of changes to scheduled events

HOSPITALITY: There are several parties throughout the year where volunteers are needed to help decorate setup, assist in distributing food, and clean-up

FUNDRAISING

TEST SESSION JUDGES HOSPITALITY: Purchase food, setup room, and clean-up

WEBMASTER: Prefer someone with experience and who can attend board meetings

OTHER (please list): _____

Member Name(s):

Name of Person Volunteering:

Daytime Phone:

Evening Phone:

E-mail: