

Skating Club of Central Ohio

Membership Application

July 1, 2016 to June 30 2017



Please Check Appropriate Choice:

- Renewal
- New Member
- Transfer from other club

Home Club Membership

Membership Fees

Includes SCOCO voting privileges and U.S. Figure Skating Membership
Includes 1 free test at a SCOCO Test Session

Membership form must be received by August 15, 2016 to qualify for free test

- First Family Member (Includes subscription to Skating magazine) \$80.00
 - Subsequent Family Member \$40.00
 - Collegiate (Includes 4-year SCOCO and USFS memberships) \$100.00
 - Introductory (Only applicable to first-time USFS members) \$40.00
 - Professional (Coach over the age of 18) \$65.00
- PSA Number _____ (Required for discounted pro rate.)

Associate Membership

Includes SCOCO voting privileges. DOES NOT include U.S. Figure Skating Membership

- Associate Member \$45.00
U.S. Figure Skating Home Club: _____

*** Please note that membership fees are due upon receipt and will not be prorated.**

Make checks payable to *Skating Club of Central Ohio*

Send completed forms and payment to: SCOCO, PO Box 3621, Dublin, OH 43016-0310

First Family Member		
Last Name: _____	First Name: _____	USFSA No. _____
Street Address: _____	Home Phone: (____) _____	New USFSA Member: <input type="checkbox"/>
City/State/Zip: _____	Work Phone: (____) _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
E-Mail: _____	Cell Phone: (____) _____	Birth Date: _____
Coaches Name: _____		U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Coach e-mail: _____	Coach Phone: (____) _____	

Please complete both pages of this application!

OFFICIAL USE ONLY: Check: _____ Postmark Dt: _____ Receipt Dt: _____ Amount: _____

Additional Family Members		
Last Name: _____	First Name: _____	USFSA No. _____
E-Mail: _____	Cell Phone: (____) _____	New USFSA Member: <input type="checkbox"/>
	Work Phone: (____) _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Coaches Name: _____		Birth Date: _____
Coach e-mail: _____	Coach Phone: (____) _____	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>

Last Name: _____	First Name: _____	USFSA No. _____
E-Mail: _____	Cell Phone: (____) _____	New USFSA Member: <input type="checkbox"/>
	Work Phone: (____) _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Coaches Name: _____		Birth Date: _____
Coach e-mail: _____	Coach Phone: (____) _____	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>

Membership application will not be processed without a completed waiver!

MEMBERSHIP AGREEMENT, WAIVER, AND RELEASE OF LIABILITY

In consideration for being allowed to participate in any skating or related activities sponsored by the Skating Club of Central Ohio, and by signing below I acknowledge that:

1. Membership in the Skating Club of Central Ohio (SCOCO) and participation in SCOCO activities is a privilege and that my membership may be revoked in accordance with procedures established in the SCOCO bylaws.
2. From time to time SCOCO will take pictures at club events and post these pictures (without skaters' names) on the SCOCO website or the SCOCO bulletin boards at Chiller North, Easton, or Dublin. These pictures will not be used for commercial purposes and individuals will not be further identified without prior consent. By joining SCOCO I agree that any pictures of me or my family at club events can be used in this manner without the need for SCOCO to seek explicit permission. I understand and agree that SCOCO may include my name on its website or other postings for club purposes, such as good luck and congratulation notices.
3. I have read the SCOCO bylaws and agree to support and abide by the provisions for membership as outlined therein. I agree to conduct myself in accordance with the established behavior guidelines contained in the U.S. Figure Skating bylaws, rules, and other publications.
4. The risk of injury from the activities involved as a skater is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others and assume full responsibility for my participation.
5. I willingly agree to comply with the stated and customary terms and conditions for participation in any SCOCO event. If I observe any significant hazard during my presence or participation I will remove myself from participation and will immediately bring such to the attention of the nearest official.
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless SCOCO, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, even if arising from the negligence of the releasees or otherwise.

Participant's Signature (for member age 18 or older)

Date Signed

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation as provided above, even if arising from their negligence.

Parent/Guardian's Name (Printed)

Parent/Guardian's E-Mail

Parent/Guardian's Signature

Date Signed