

# Skating Club of Central Ohio

## Membership Application

July 1, 2017 to June 30 2018



Please Check Appropriate Choice:

- Renewal
- New Member
- Transfer from other club

### Home Club Membership

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

### Membership Fees

Membership form must be received by August 15, 2017 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**