



Dear Learn To Skate Members:

May 25, 2018

The Skating Club of Novi is very excited to have the opportunity to offer an Introductory Membership to any Learn To Skate student. This membership will be for a one year period. The one year Introductory Membership will run consecutively with our current full membership which is July 1<sup>st</sup> to June 30<sup>th</sup>. Following the one year Introductory Membership you will need to become a full member if you choose to remain an SCN club member.

The following are some of the opportunities available with our club membership:

- Testing as a SCN club member
- Competing as a SCN club member
- Opportunity to purchase club merchandise
- USFSA Skating** Magazine instead of **Basic Skills** Magazine
- Attend club activities (i.e. Banquet)
- Perform in our Holiday Exhibition as a club member
- Use of SCN locker room with the option for locker rental

More information about the Skating Club of Novi can be found at: <http://www.skatingclubofnovi.org/>.

Skater Name \_\_\_\_\_

### **FEE STRUCTURE FOR INTRODUCTORY MEMBERSHIP**

| Please check all that apply:                          | Cost | Qty   | Total |
|---|------|-------|-------|
| _____ One Introductory Member (completion of Basic 4) | \$40 | _____ | _____ |
| _____ SCN Locker Rental (optional)                    | \$50 | _____ | _____ |
| _____ Locker Nameplate (optional)                     | \$ 5 | _____ | _____ |
| _____ SCN Jacket (optional)                           | \$55 | _____ | _____ |

**\*\* There will be a \$25 fee charged to all member's checks returned for insufficient funds./NSF.**

One parent/family member will be required to complete 3 volunteer hours with the club.

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Club Use Only:  
Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_  
Initials: \_\_\_\_\_

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Registration questions should be directed to Michelle Lanzi @ [lanzifamily@sbcglobal.net](mailto:lanzifamily@sbcglobal.net) or (734) 634-6395.

# Skater/Parent Information

**All Introductory Members** need to complete this form

Adult/Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

(For club use only)

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

| <u>PARENT/SKATER'S NAME</u> | <u>USFS #</u> | <u>BIRTH DATE</u> | <u>GRADE IN 2018-2019</u> |
|-----------------------------|---------------|-------------------|---------------------------|
| _____                       | _____         | _____             | _____                     |
| _____                       | _____         | _____             | _____                     |
| _____                       | _____         | _____             | _____                     |

Professional Coach's Name(s): \_\_\_\_\_

Do we have permission to include your name, address, phone and email in the SCN Directory?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are You a USA Citizen?

YES \_\_\_\_\_ NO \_\_\_\_\_

## What is your primary Activity With USFS:

|                       |                           |       |                 |
|-----------------------|---------------------------|-------|-----------------|
| Competitive Skater    | Recreational Skater       | Coach | Parent/Guardian |
| USFS Officer/Official | Club Officer/Board Member | Other |                 |

## Circle any others that apply:

|                       |                           |              |                 |
|-----------------------|---------------------------|--------------|-----------------|
| Competitive Skater    | Recreational Skater       | Coach        | Parent/Guardian |
| USFS Officer/Official | Club Officer/Board Member | Adult Skater | Synchro         |
| Collegiate            | Other                     |              |                 |

\_\_\_\_\_  
(Signature of adult)

\_\_\_\_\_  
(Date)

**SKATING CLUB OF NOVI**  
**Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement**  
**(“Agreement”)**

In consideration of participating in **Skating Club of Novi** activities, I represent that I understand the nature of figure skating activities (“activity”) and that I am qualified, in good health, and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity”.

I fully understand that this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “releases” named below; 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, discharge, and covenant not to sue the **Skating Club of Novi**, United States Figure Skating, it’s directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the “activity” takes place (each considered one of the “Releasees” herein) 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 “releases” 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 **Skating Club of Novi** has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the **Skating Club of Novi** 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.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

**PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

# **Consent for Medical Attention or Treatment**

I certify that I, the member, or I, the parent/guardian of said participating member, give my consent to the **Skating Club of Novi** and the facility the activities are taking place in, and their staff, and to the members of the **Skating Club of Novi**, 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.

\_\_\_\_\_  
**Name of 1<sup>st</sup> Minor Child Member** (Please print.)

\_\_\_\_\_  
**Name of 2<sup>nd</sup> Minor Child Member** (Please print.)

\_\_\_\_\_  
**Name of 1<sup>st</sup> Parent/Guardian** (Please print)

**1<sup>st</sup> Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Name of 2<sup>nd</sup> Parent/Guardian** (Please print)

**2<sup>nd</sup> Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Name of 1<sup>st</sup> Adult Member** (Please print)

**1<sup>st</sup> Adult Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Name of 2<sup>nd</sup> Adult Member** (Please print)

**2<sup>nd</sup> Adult Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Policy Number

Is there any medical history the Club should know about?

Are you currently taking any medications?

Allergies?

The Consent for Medical Attention shall be binding and effective for the 2018/2019 membership year of the **Skating Club of Novi**.

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_



## Volunteer Form 3 Hours Required

Please select one volunteer activity from EACH box below. By checking the following you are indicating your preferences as to where you want to volunteer. This information will be used to create the volunteer schedule for the 2018-2019 Season. Every effort will be made to honor your requests; however, this may not be possible for all cases. Hours will vary by the individual events.

|   |  |
|---|--|
| <p style="text-align: center;"><b>Test Sessions</b></p> <p>Test sessions usually run from 8 am-1pm weekdays.</p> <p>_____ Check in</p> <p>_____ Runners</p> <p>_____ Copier</p> <p>_____ Music</p> <p>_____ Hospitality</p>         | <p style="text-align: center;"><b>Basic Skills Competition</b></p> <p style="text-align: center;">July</p> <p>_____ Registration</p> <p>_____ Medals &amp; Awards</p> <p>_____ Check In</p> <p>_____ Announcers</p> <p>_____ Monitors</p>  |
| <p style="text-align: center;"><b>Ice Show</b></p> <p style="text-align: center;">May</p> <p>_____ Locker Rooms</p> <p>_____ Security</p> <p>_____ Spotlights</p> <p>_____ Props</p> <p>_____ Ticket Sales</p> <p>_____ Flowers</p> | <p style="text-align: center;"><b>Holiday Exhibition</b></p> <p style="text-align: center;">Dec</p> <p>_____ Announcer</p> <p>_____ Ice Monitor</p> <p>_____ Registration (Music check-in/out)</p> <p>_____ Decorations (put up/take down)</p> <p>_____ Ticket sales</p> <p>_____ Security</p> |
| <p style="text-align: center;"><b>Fundraising</b></p> <p style="text-align: center;">All Year</p> <p>Potential Fundraising Campaigns:</p> <p>_____ Little Caesar Pizza/Cookie Kits</p> <p>_____ Great Lake Scrip Program</p>        | <p style="text-align: center;">Other talents I can share:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |