

**SUPERIOR FIGURE SKATING CLUB  
REGISTRATION 2009-2010**

Membership Fees (must be paid at time of registration—checks payable to SFSC)

**Home Club:** Single Membership \$100.00  
Family Membership \$120.00  
(Family memberships include up to 3 members, each additional member \$10.00)

**Associate:** Single Membership \$50.00  
Family Membership \$65.00

Please send registration form and payment to:  
SFSC  
P.O. Box 536  
Superior, WI 54880  
Attn: Lori Foley

- Membership fee includes \$50.00 ice credit, which is available upon completion of 20 volunteer hours.
- All members must be level Basic 1 or above.

| Name | USFSA # | Address | E-Mail | Home Phone | Cell Phone | FS Test Level |
|------|---------|---------|--------|------------|------------|---------------|
|      |         |         |        |            |            |               |
|      |         |         |        |            |            |               |
|      |         |         |        |            |            |               |

**Please list parents or guardians:** \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

1. In the event of an emergency, may an adult at the skating rink call for medical assistance? (Circle one) Yes No
2. May we call an ambulance? (Circle one) Yes No
3. Choice of hospital? (Circle one) St. Mary's—Superior St. Mary's—Duluth St. Luke's
4. What is the name and phone number of skater's physician? Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
5. Health Insurance Provider: Company \_\_\_\_\_ Policy # \_\_\_\_\_

In case of emergency who should be contacted other than parent/guardian?

| Name | Relationship | Phone # w/ area code |
|------|--------------|----------------------|
| 1.   |              |                      |
| 2.   |              |                      |

I/We the parent/guardian of the named skater(s), hereby give my/our approval of his/her participation in the figure skating program during the current season. I/We assume all the risks and hazards incidental to such participation including transportation to and from activities; and I/We do hereby waive, release and absolve, indemnify, and agree to hold harmless the Superior Figure Skating Club, the organization, it's board members, sponsors, supervisors, participants, and persons transporting.

**Signature of parent or legal guardian**

**Date**