

**Mosinee Silverblades Figure Skating Club**  
**Basic Skills Program Application**  
2011-2012

Skater's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

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

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

Parent e-mail Address (Mom) \_\_\_\_\_

Parent e-mail Address (Dad) \_\_\_\_\_

**If e-mail address is new or different from last year PLEASE circle**

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Skater's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ USFS # \_\_\_\_\_

Current Basic Skills Level \_\_\_\_\_

Private Coach's Name (if you have one hired) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fees**

Basic Skills Program \$85.00 \_\_\_\_\_

Basic Skills Program (additional family member) \$75.00 \_\_\_\_\_

Adult Skate (11 weeks) \* \$85.00 \_\_\_\_\_

USFS Fee (Basic Skills only) \$13.00 \_\_\_\_\_

Synchro Class (Basic Skills 5 and up) \*\* \$135.00 \_\_\_\_\_

Late fee (after Oct. 1, 2011) \$10.00 \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

Check # \_\_\_\_\_

**\* 3 MINIMUM SKATERS REQUIRED TO RUN ADULT SKATE CLASS**

**\*\*12 MINIMUM SKATERS REQUIRED TO RUN SYNCHRO CLASS**

**Mosinee Silverblades Figure Skating Club**  
**Full Membership Application**  
**2011-2012**

Skater's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

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

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

Parent e-mail Address (Mom) \_\_\_\_\_

Parent e-mail Address (Dad) \_\_\_\_\_

**If e-mail address is new or different from last year PLEASE check box**

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Skater's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ USFS # \_\_\_\_\_

Highest Test Passed to Date: Moves \_\_\_\_\_

Freestyle \_\_\_\_\_

Dance \_\_\_\_\_

Private Coach's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Membership fees:**

\*Introductory Full Club Member \$26.00 \_\_\_\_\_

\*Introductory Full Club (**additional family member**) \$16.00 \_\_\_\_\_

Non Introductory Full Club Member \$51.00 \_\_\_\_\_

Non Introductory Full Club (**additional family member**) \$21.00 \_\_\_\_\_

Synchro Class \$135.00 \_\_\_\_\_

**Ice Contract Fees**

One 45 min. session for 12 weeks \$60.00 \_\_\_\_\_

Two 45 min. session for 12 weeks \$120.00 \_\_\_\_\_

Punch Card – Six 45min. sessions per card \$48.00 \_\_\_\_\_

Late fee (after Oct. 1, 2011) \$10.00 \_\_\_\_\_

Check # \_\_\_\_\_ **Total Due** \_\_\_\_\_

\*Introductory member- anyone that has never registered with USFS as an individual or full club member.



# Mosinee Silverblades Figure Skating Club

## Medical Emergency Form

### Release and Waiver of Liability

In consideration of my participation in any Mosinee Silverblades skating practice, program or activity, I acknowledge the physical nature of the activity, and represent that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity.

I hereby release, discharge, and covenant not to sue the Mosinee Silverblades Figure Skating Club, Inc., its members, its respective administrators, directors, agents, officers, volunteers, coaches, employees, and any sponsors or advertisers of Mosinee Silverblades event in which I participate (each considered on of the Releasees herein) from all liability, claims, demands, losses, or damages on my account cause or alleged to be caused in whole or in part by our participation in this skating activity. This release and waiver of liability and express assumption of risk agreement is made freely. If I or anyone on my and/or my minor child's behalf makes a claim, I agree I will indemnify, defend, 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.

I hereby give my consent in the event that all reasonable attempts to contact me have been made, to any and all medical/surgical care required in an emergency situation that may arise during participation in training programs designed and executed by the Mosinee Silverblades Figure Skating Club, Inc. and/or member, employees, professionals, coaches and agents. I also consent to the transfer of myself or of child to any hospital reasonably accessible. I represent our family has medical insurance in place at all times my child is involved in the skating program.

Any hospital or practitioner not having access to the child's medical history needs the following information:

*(Please use one form per child.)*

Skater's Name: \_\_\_\_\_

Medications Being Taken: \_\_\_\_\_

Major Medical Problems: \_\_\_\_\_

Any previous skating injuries: \_\_\_\_\_ When? \_\_\_\_\_

Other pertinent facts to which a physician should be alerted: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I hereby authorize Mosinee Silverblades officers, coaches, agents, volunteers and employees to call or drive my child to the physician, dentist, or hospital if a need for emergency care exists. An ambulance may be called if necessary. I do hereby authorize the treatment by a licensed medical physician of my child in the event of a medical emergency, which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undo discomfort if delayed. As a parent or legal guardian, I remain fully responsible for any legal responsibility that may result from any personal action taken by the named student.

I acknowledge that I have read this release, waiver of liability, and express assumption of risk agreement and fully understand it.

\_\_\_\_\_  
Signature of parent or legal guardian

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_  
(day) (month) (year)



*Mosinee Silverblades Figure Skating Club*  
**Parents' Code of Conduct**  
(Adapted from the US Figure Skating Parents Code of Conduct)

*Codes of Conduct give everyone a guide to what is expected of us if we are part of an organization, participating in a sport, or as spectators at our child's events.*

**By signing below, I hereby agree that:**

1. I will encourage good sportsmanship by demonstrating positive support for all skaters and coaches at every practice session.
2. I will encourage my child to skate in a safe and healthy environment.
3. I will inform my child's coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will teach my child that doing one's best is important; however, I will place the emotional and physical well being of my child ahead of my personal desires for his/her achievements.
5. I will never ridicule or yell at my child or other participant or coach for making a mistake.
6. I will do my best to make skating fun, and I will remember that my child participates in skating for his/her own enjoyment and satisfaction – not mine.
7. I will ask my child to treat all skaters, coaches, board members, and fans with respect, regardless of race, creed, color, sexual orientation, or ability.
8. I will applaud a good effort, emphasizing the positive accomplishments and learning from the mistakes.
9. I will teach my child to resolve conflicts without resorting to hostility or violence.
10. I will be a positive role model for my child and other skaters.
11. 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 drug prescribed by applicable federal, state, or municipal law.
12. I will not provide alcohol to, or condone the use of alcohol by, minors or abuse alcohol in the presence of skaters.
13. I will not assist or condone any competing skater's use of a drug banned by the International Olympic Committee, International Skating Union, United States Olympic Committee, or US Figure Skating.
14. I will respect my child's coach and refrain from coaching my child or other skaters during practices because it may conflict with the coach's plan or strategies.
15. I will recognize the importance of volunteering and show appreciation for other volunteers and club officials.
16. I will respect the volunteer Board of Directors and refrain from criticizing their actions. However, I understand that I can address the Board of Directors directly via e-mail, telephone, or at a board meeting.
17. I will support and respect the rights of all skaters to participate.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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