

Burnsville Minnesota Valley Figure Skating Club
Basic Skills/Junior Club Membership Application
 September 1, 2005 – August 31, 2006

Applicant information
Skater's Name _____
Skater's Address _____
City _____ Zip _____
Home Phone _____
Parent's Name _____
Mother's Work Phone _____
Father's Work Phone _____
USFSA # _____
Birth Date _____ Grade _____
School District _____
Pro's Name(s) _____
E-Mail _____

Membership Choice
Basic Skills \$35.00 _____
Junior Club \$45.00 _____
Emergency Contact
Name _____
Phone _____
Doctor's Name _____
Doctor's Phone _____
Hospital _____

SKATER MUST HAVE PASSED LEVEL "WIND" OF THE LEARN TO SKATE PROGRAM OR BE ASSESSED AND APPROVED BY TWO HOME CLUB PROS

- Skater has passed level "Wind" of the Learn to Skate Program
 - Signatures of Two Home Club Professionals
 - _____ _____
- Does the applicant currently belong to any other figure skating club? Yes _____ No _____
- If yes, name of club _____

By signing below, I understand that if this application is accepted, membership is contingent upon approval of the board of directors and the recommendation of the club professionals and that I am obligated to the terms and conditions of the Policy Manual, including but not limited to, the requirements of a contracted and non-contracted member.

In addition, I fully understand that skating involves risk of serious bodily injury and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of the Releasees named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and responsibilities for losses, costs and damages I incur as a result of my participation in the activity.

I have read and understand the parent/skater expectations.

I have read and understand the skater expectations.

 Signature of Parent or Guardian if Skater is under 18 years of age.

 Signature of Skater

Mail this application and membership check to:
BMVFSC
c/o Deb Burrell
501 E. Burnsville Pkwy, #323
Burnsville, MN 55337

For Office Use Only
Date Received _____
Check number _____
Amount Received _____