



CHAMPIONS' EDGE SKATING CLUB 2017-2018 Membership Application

Welcome to Champions' Edge Skating Club!

Please complete all pages of this application and return with payment in person to the Skating School Office at Florida Hospital Center Ice or by mail to the address at the bottom of the second page of this application. Please complete a separate form for each family member.

Champions' Edge Skating Club offers several categories of membership designed to fit the needs of all skaters and their family members. In the chart below, please check the membership type that best fits your needs.

Applicant's name: _____

MEMBERSHIP OPTIONS	FEE	DESCRIPTION
<input type="checkbox"/> Full Member	\$165 plus 5 volunteer hours*	- All Club privileges (voting privileges only for members age 18 and up) - USFS membership - For members under age 18, a full membership Includes 1 free non-skating parent/adult CESC/USFS membership with voting privileges
<input type="checkbox"/> Free Parent/Adult with First Full Member Under Age 18	Free plus 5 volunteer hours*	- Voting privileges - USFS membership
<input type="checkbox"/> Introductory Member	\$75 plus 5 volunteer hours*	- Must be first time USFS Member - Must be 20 years or under - All Club privileges - USFS membership
<input type="checkbox"/> 2 nd or Subsequent Full Member in the Same Family	\$75 plus 5 volunteer hours*	- For additional family members (skaters or second adult/parent) - All Club privileges - Voting privileges - USFS membership
<input type="checkbox"/> Associate Member	\$75	- Member of another USFS Club - Skating and testing privileges
<input type="checkbox"/> USFS Coach Member	\$85	- For professional coaches - Voting privileges - USFS membership
<input type="checkbox"/> USFS Judge / Official Member	\$25	- All Club privileges - Voting privileges - USFS membership
<input type="checkbox"/> Collegiate Membership	\$70 (4 years)	- All Club privileges - Voting privileges - USFS membership

Membership is based on the Club year, July 1, 2017, to June 30 2018. All memberships are subject to approval of the CESC Governing Board and must be paid in full before participating in club activities, including club ice, social events, and the submission of applications for competitions or testing.

*All full, introductory, and free parent/adult, including second or subsequent family members, must complete five volunteer hours between July 1, 2017, and June 30, 2018, to remain in good standing with CESC and USFS. Volunteer hours for club members under age 18 may be completed by an adult family member. Opportunities for volunteer hours will be publicized throughout the year. Members who do not complete this requirement must pay an additional \$50 to remain in good standing with CESC and USFS.



Applicant Information 2017–2018

This application is: **New to US Figure Skating** **Renewal** **Transfer**

Name:		Date:
If you are renewing or transferring your membership, please provide your USFS#		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Country of Citizenship:	
Main Coach Name:		
Highest USFS Tests Passed:		

MEDIA RELEASE

May Champions' Edge Skating Club use and publish photographs, videos, etc., on our social media, newsletters, website and other club publications and platforms?

Yes No

Applicant hereby agrees that, in consideration of acceptance of the membership application, applicant shall pay all dues and fees required by the Champions' Edge Skating Club for the current skating season and hereby agrees to abide by the By-Laws of the Champions' Edge Skating Club (available on the CESC website) and the United States Figure Skating Association.

Applicant Signature _____ **Date:** _____

(parent/guardian signature required if applicant is under 18)

At this time, CESC in only accepting checks or cash. Please make checks out to: **Champions' Edge SC.**

Forms with payment may be left in an envelope marked "Champions' Edge SC Membership Chair" at the Skating School Office at Florida Hospital Center Ice, or they may be mailed to the address below:

**Champions' Edge SC, c/o Shari Klutz
Florida Hospital Center Ice
3173 Cypress Ridge Blvd
Wesley Chapel, FL 33544**

SafeSport Statement for Membership Renewal 2017–2018

The Champions' Edge Skating Club ("CESC") is committed to creating a safe and positive environment for our members' physical, emotional and social development and to ensuring that it promotes an environment free of misconduct.

The following code of conduct applies to all participants in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating and CESC, including, but not limited to competitions, exhibitions, training camps and local rink activities.

I recognize that my participation or my child's participation in all the activities associated with U.S. Figure Skating and CESC is an honor and privilege that carries certain responsibilities. By signing below, I agree to fully abide by the rules and guidelines set forth by U.S. Figure Skating or its properly designated agents.

U.S. Figure Skating Member Code of Conduct GR 1.02

I recognize that my participation in all activities hosted, supported, sponsored or engaged in by U.S. Figure Skating, including but not limited to competitions, exhibitions and training camps, is an honor and privilege that carries certain responsibilities. I agree to fully abide by the rules and guidelines set forth by U.S. Figure Skating or its properly designated agents. As a precondition to participation in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating, I will adhere to the following tenets in good faith:

A. I will exhibit the highest standards of fairness, ethical behavior and genuine good sportsmanship in all of my relations with others.

B. I will not damage public or private property. I understand that I may be held financially responsible for damage deemed to be wantonly or willfully executed on my part, and that I may be subject to disciplinary action by U.S. Figure Skating.

C. I will not use or possess illegal drugs, and I will not engage in criminal activity. I understand that, if I am found to use or possess illegal drugs, or if I am found to engage in any criminal activity during any activity hosted, supported, sponsored or engaged in by U.S. Figure Skating, I may be subject to criminal penalties as well as penalties imposed by U.S. Figure Skating.

D. I will adhere to the rules of U.S. Figure Skating and the host organization at all activities hosted, supported, sponsored or engaged in by U.S. Figure Skating.

E. I will comply with all applicable anti-doping rules including, but not limited to, ISU and USADA anti-doping rules.

F. I will conduct myself in a manner not detrimental to the welfare of figure skating. I understand that my actions reflect on U.S. Figure Skating and the sport of figure skating both positively and negatively. I understand that if my acts, statements, or conduct are considered detrimental to the welfare of figure skating by the appropriate authority, I may be subject to penalties imposed by U.S. Figure Skating pursuant to GR 1.04.

G. I understand that the penalties that may be imposed may include, but are not limited to, loss of future international selections, loss of financial support from U.S. Figure Skating and its Memorial Fund, and loss of participation in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating.

H. I understand that all disciplinary proceedings will be conducted pursuant to Article XXV, Section 3, of the U.S. Figure Skating bylaws, and that my rights and remedies are derived therefrom.

Applicant Name _____

Applicant Signature _____ **Date:** _____

(parent/guardian signature required if applicant is under 18)

Champions' Edge Skating Club Waiver and Release of Liability, and Assumption of Risk and Indemnity Agreement ("Agreement") 2017-2018

In consideration of participating in the activities of the Champions' Edge Skating Club ("CESC"), 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 "releasees" 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 CESC, United States Figure Skating, its 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 "releasees" 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 that may incur as the result of such claim.

The CESC has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the CESC 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, I understand that I have given up substantial rights by signing it, and I 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.

Applicant Name (please print) _____

Applicant Signature _____ **Date:** _____

(parent/guardian signature required if applicant is under 18)

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor applicant'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 _____

Signature of Parent/Guardian _____ Date _____

Consent for Medical Attention or Treatment 2017–2018

I certify that I, the applicant, or I, the parent/guardian of the applicant, give my consent to the CESC and the facility the activities are taking place in and their staff and to members of the CESC, their Board of Directors, and their volunteers to obtain medical care from any licensed physician, hospital, or clinic, including transportation and emergency medical services, for myself/ourselves and/or said applicant for any injury that could arise from participation in these activities.

Name of adult applicant (please print): _____

Signature of adult member: _____ Date: _____

Name of minor child applicant (please print): _____

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____